Manitoba

Annual Report 1989 - 90

Manitoba Health Services Commission

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Minister of Health

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

June 29, 1990

His Honour George Johnson, M.D.,
Lieutenant-Governor,
Province of Manitoba.

May It Please Your Honour:

I have the privilege to submit the Annual Report of the Manitoba Health Services Commission for the 12- month period from April 1, 1989 to March 31, 1990.

Respectfully submitted,

Donald W. Orchard

Manitoba

Health

Manitoba Health
Services Commission

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

June 29, 1990

The Honourable Donald W. Orchard,
Minister of Health,
Province of Manitoba.

Sir:

In accordance with Section 24 of The Health Services Insurance Act, I have the honour to present the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1989 to March 31, 1990.

There were a number of major developments during the year which are outlined in the Highlights Section on pages 11 and 12.

Respectfully submitted,

W. K. Ziprick,
Chairman,
Manitoba Health Services Commission

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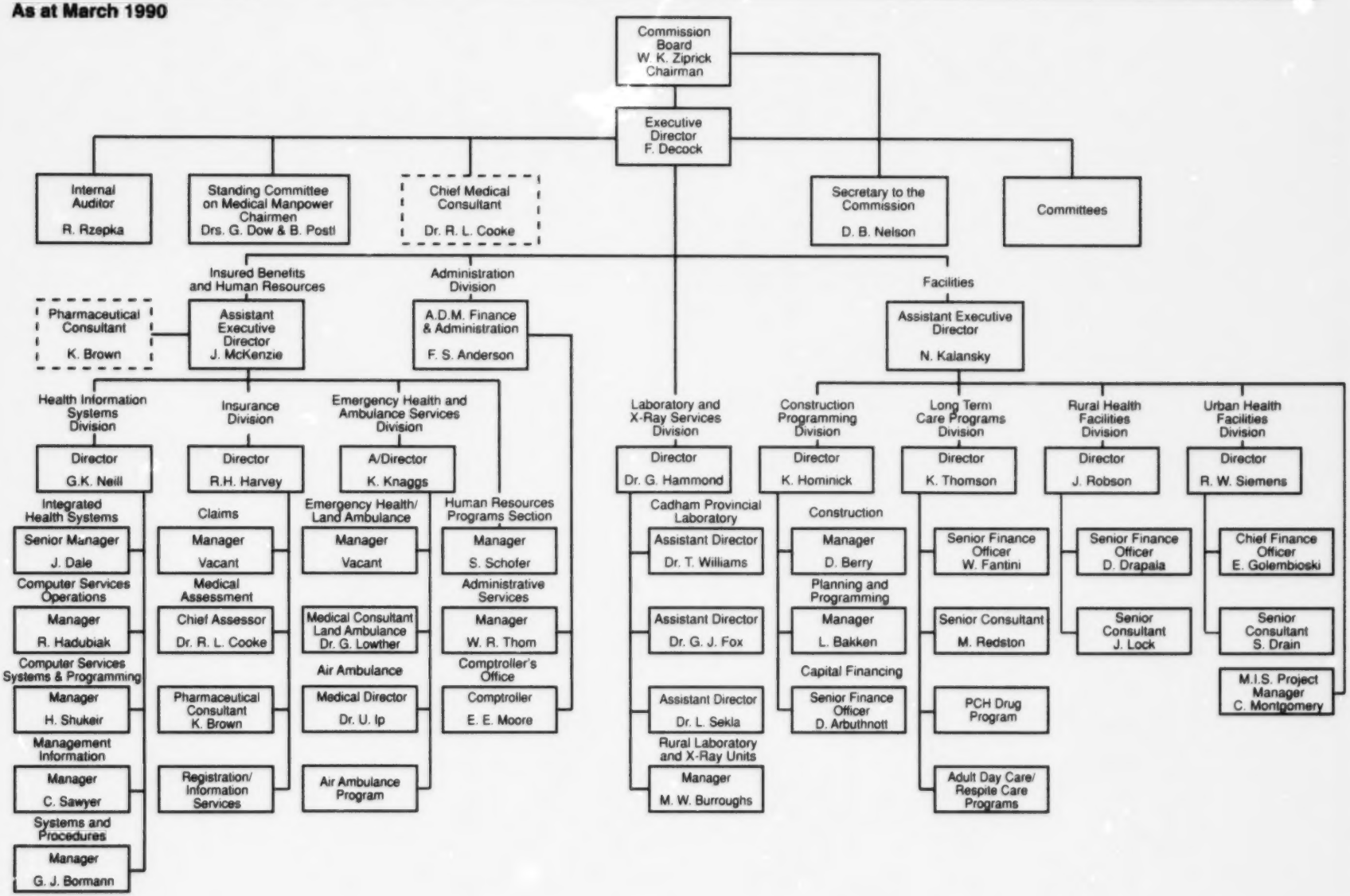
Organization Chart

As at March 1990



Introduction

The Manitoba Health Services Commission administers the Manitoba Health Services Insurance Plan according to provisions of The Health Services Insurance Act and other relevant legislation. The plan finances an integrated system of hospital care, medical treatment, personal care, a prescription drug program and other health services for Manitoba residents.

The Commission is headed by a Board, appointed by government, and an Executive Director. Close liaison is maintained between the Commission and the Department of Health, which is responsible for the administration of public and community health programs, dental services, institutional and community mental health programs, services to seniors, maternal and child health services, health education, and health promotion and prevention programs.

The Commission has two Assistant Executive Directors — one in charge of insured benefits and one in charge of facilities. Seven divisions and one section report to the Assistant Executive Directors and two divisions report to the Executive Director. These nine divisions are: Administration, Insurance, Health Information Systems, Laboratory and X-ray Services, Urban Health Facilities, Rural Health Facilities, Long Term Care Programs, Construction Programming and Emergency Health and Ambulance Services; the section reporting directly to an Assistant Executive Director is Human Resources.

This Annual Report reviews the Commission's programs, explains its organization and provides relevant statistics, financial statements and the auditor's report for the period April 1, 1989 to March 31, 1990.

Highlights

Direct Ambulance Services Grants

On March 23, 1989, the Minister of Health announced a new program of annual financial grants to assist in the provision of ambulance services. In the first year, $1.9 million was approved for distribution to the 89 ambulance services, to be increased by $950,000 per year for 1990/91. When fully implemented, the grants will provide $3.8 million per year, supplementing the $2.2 million presently distributed on a per capita formula to municipalities.

Increased funding is being distributed to ambulance services based on a formula reflecting the costs of developing, operating or enhancing an ambulance service. The financial burdens of high patient transport costs have also been reduced for qualifying rural residents requiring long distance transport to tertiary medical care, and financial incentives for ambulance training have resulted in increased opportunities for volunteers to be certified at no personal cost.

Special Equipment Funded

The Manitoba Health Services Commission provided $9.25 million through approved borrowing authorization for equipment which included the following:

- Brandon General Hospital — angiography x-ray system in the amount of $1,200,000.
- St. Boniface General Hospital — radiology and laboratory upgrades in the amount of $1,216,000 and anaesthesia and critical care monitoring in the amount of $733,900.
- Health Sciences Centre — bone marrow transplant equipment in the amount of $361,000.
- Concordia Hospital — radiology upgrade in the amount of $605,400.
- Cost saving equipment to various urban hospitals in the amount of $400,000 which should generate payback periods of 1/2 to 4 1/2 years from anticipated operating savings.

AIDS Funding

In November 1989, the Manitoba Health Services Commission provided $258,000 in funding for new initiatives relating to AIDS.

The funds were targeted at two priorities:

1) to establish a street outreach program to provide counselling and education in the inner city;
2) to establish a comprehensive and integrated program for care and treatment of patients infected with HIV. This included funding for nursing staff to provide outpatient services to HIV positive patients at the Village Clinic and the Health Sciences Centre.

Bone Marrow Transplant Program

In November 1989, the Manitoba Health Services Commission approved the implementation of a Bone Marrow Transplant Program for Manitoba to be located at the Health Sciences Centre.

Program development is a joint venture by the Health Sciences Centre, the Manitoba Cancer Treatment and Research Foundation and the Canadian Red Cross Society. The total approved operating budget is $1,543,974, with a capital investment of $444,016.

The Program, expected to be operational by August 1990, will provide bone marrow transplants for approximately 24 adult and pediatric patients annually.

Currently, patients requiring bone marrow transplants travel out-of-province for treatment.

Forest Fire 1989

Dry windy weather in 1989 brought on the worst season of forest fires ever documented in Manitoba. The Emergency Health and Ambulance Services Division was responsible for coordinating all health jurisdictions both in terms of planning for a disaster and for response to a disaster.

During the major forest fires in May and July, over 23,000 residents of northern Manitoba were evacuated. 1,476 residents identified as high risk were relocated to Winnipeg for closer observation. Over 140 were admitted to acute or long term care facilities. Health efforts also included use of Lifeflight Air Ambulance for acute injuries or illness evacuations from the affected areas, public health and mental health interventions, as well as health information due to environmental concerns.

Exceptional cooperation between the Manitoba Health Services Commission and the Department of Health produced effective teamwork.

Day Surgery Expanded

Seven Oaks General Hospital officially opened a new day surgery unit and a pre-operative holding area in January 1990. Construction costs were $350,000. Operating costs for these two areas were funded from the hospital's global budget.

Electronic Funds Transfer Program

The Commission implemented the Electronic Funds Transfer Program effective January 15, 1990 for health care practitioners and facilities. Under this arrangement, the Commission makes payments directly to the practitioner's or facility's financial institution, thus eliminating the time and cost involved in cheque depositing, the possibility of lost or stolen cheques and delays due to mail disruptions. For the initial payment of January 15, transfers were made under the new system for approximately half of all practitioners and most facilities; by the end of the fiscal year almost 70 percent of all practitioners and all but two facilities were on the program.

Manitoba Health Services Commission

Members:

W.K. Ziprick, C.A. — Chairman
Frank A. Maynard — Vice-Chairman
Terry Babick, M.D.
George Bass, Q.C.
Joyce McFarlane
Gail Roth
Robert Vandewater

D.B. Nelson — Secretary

The Commission is responsible for performing the duties and functions assigned to it by the Lieutenant Governor in Council and the Minister of Health, in accordance with The Health Services Insurance Act and other relevant legislation.

Legislation specifically requires the Commission to:

- provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services
- ensure that adequate standards are maintained in hospitals, personal care homes and related health facilities
- with the approval of the Minister of Health, plan, organize and develop throughout the province a balanced and integrated system of hospitals and related health care facilities and services.

The Board of Commissioners is actively involved in the affairs of the Commission and the health care delivery system in Manitoba. Twelve full Board meetings were held during the year at which several delegations were received and their presentations heard.

During their deliberations, members of the Board dealt with a variety of matters such as regionalization of services, construction projects, capital budgets, labor relations, budget guidelines for health facilities, physician remuneration, new and expanding program priorities, etc. The Board also gave approval for a major upgrading of the Commission's medical claims processing system.

In addition to their participation at regular Board meetings, one or more members serve on eight committees of the Commission which meet frequently. These committees were established in 1988 to create an information exchange process between the Board and health facilities and to foster greater coordination of effort and planning among the health care sector. These committees have been relatively successful in achieving their objectives and the results of their endeavors have assisted the Board in timely decision-making. The eight committees, with a brief synopsis of their terms of reference, are:

Executive Committee:

In addition to the usual functions of an Executive Committee, this committee includes responsibilities normally assigned to finance and audit committees.

Funding Guideline Review Committee:

Conducts reviews and recommends guidelines for the equitable allocation of funds to health care facilities,

and ensures that guidelines are consistent with Government's objectives, policies and programs.

Personal Care Home Review Committee:

Conducts reviews to identify changing demographics in Manitoba, determines current trends and problems, and recommends a plan of action to address future needs and reduce the need for institutionalization.

Compensation Committee:

Reviews health facility labour negotiations as well as negotiations with professional associations funded by the Commission, and makes recommendations in respect to funding equity and mandates in the collective bargaining process.

Physician's Manual Committee:

Reviews all proposed amendments to the Physician's Manual prior to their consideration by the Commission Board.

Construction Committee:

Reviews all construction projects recommended for funding from the contingency allowance, and makes recommendations to the Commission Board on the Five Year Capital Program.

Community/Institutional Interface Committee:

Conducts reviews and makes recommendations to ensure integrated planning and coordination between the institutional and community health sectors.

Health Care Demonstration Projects Committee:

Monitors and coordinates the reporting requirements for determining the effect that the 16 health care demonstration projects will have on reducing patient admissions and/or length of stay in health care facilities.

Members of the Commission also serve on a number of Task Forces of the Health Advisory Network which was established by the Minister of Health in 1988/89.

During the year, members of the Commission Board visited more than 40 health facilities in urban and rural Manitoba. The Commissioners found these visits to be extremely informative and appreciated their discussions with members of the boards and administration whom they met. The Commissioners felt these visits were a most useful exercise in communications which is so vital to them in carrying out their work effectively.

Committees

Medical Review Committee

Members

A. Rogers, M.D. — Chairman
C. Burns, M.D.
K. Collier, M.D.
A. Earn, M.D.
I. Elliott, M.D.
S. Fleming, M.D. (to May 31, 1989)
P. Galbraith, M.D. (from June 1, 1989)
M. Wahn, Ph.D.

N. Yourechuk — Secretary

The Medical Review Committee is an autonomous committee established under The Health Services Insurance Act to review patterns of medical practice. Members are named to the Committee by the Manitoba Health Services Commission and the College of Physicians and Surgeons.

From April 1, 1989 to March 31, 1990, the Committee met 16 times. It reviewed the patterns of medical practice of 360 physicians. Explanations were found for 271 of these patterns. The remaining 89 were subject to one or more of the following actions.

The 89 physicians were notified by letter that their pattern of practice varied from the peer average and were under review. Explanations were requested for the variances.

- 26 physicians' patterns were subsequently accepted following written explanations from the physicians and/or informal discussions with them.
- 14 physicians were asked to do an ongoing self review of their practices to achieve a prudent use of health care facilities.
- Six physicians were on continuing review.
- Four physicians were referred to the Commission for resolution of their patterns as they were deemed to be administrative matters.
- Two physicians were referred to the College of Physicians & Surgeons.
- The remainder of the physicians were in various stages of review on March 31, 1990.

The Committee:

- continued to hold informal educational discussions with an increasing number of physicians about departures in their practices from the peer average. It finds these discussions to be particularly useful when variations in practice patterns relate to excessive use of referred laboratory services. Other discussions related to repeat visits, complete histories and physical exams, consultations, personal care home visits, special calls and well baby care. The

Committee expects the practice of holding informal discussions will continue to result in cost saving, without sacrificing standards of care.

- formally reviewed the pattern of practice of a physician. An order was made for the repayment to the Manitoba Health Services Commission of $31,826.75.
- heard an appeal from a physician regarding the assessment of claims by the Commission.
- held meetings with the Commission regarding amendment to the legislation as it applies to the functions of the Medical Review Committee.
- met with the Dean's Office with regard to the education of 4th year medical students about the prudent use of laboratory services.
- communicated with the Commission about subjects such as personal care home guidelines, walk-in clinics, short list laboratory services, documentation of visits, special calls, re-examinations for the same illness, well baby care.
- communicated with the Manitoba Medical Association with regard to a case history of a formal review. With the cooperation of the Association, this case history was printed in their newsletter, Intercom.

Medical Appointments Review Committee

Members

F.P. Doyle, M.D. — Chairman (to August 23, 1989)
I. Auld
E. Backman
D. Gerrie (to December 18, 1989)
L. Fleisher (from December 18, 1989)
R.G. Handford, M.D.
Roy Koniuck
R.G. Krause, M.D.
J. Allan MacDonald (from August 23, 1989)
D.N.C. McIntyre, M.D.
J.R. Murray, Ph.D.
K. Simpson, M.D.
Hugh Smith, M.D.

D.B. Nelson — Secretary

This Committee was established in 1973 through an Agreement between the Minister of Health, the Manitoba Health Organizations Incorporated, the College of Physicians and Surgeons of Manitoba, the University of Manitoba, the City of Winnipeg and the Manitoba Health Services Commission.

The Committee hears appeals filed by physicians whose applications for medical staff privileges have been refused or whose privileges have been reduced or terminated. It also hears appeals concerning applications which have not been attended to within a reasonable time. Appeals to this committee are made only when all other rights of appeal have been exhausted.

The Medical Appointments Review Committee did not receive or hear any appeals during the year.

Access and Confidentiality Committee

Members

R. Walker, M.D. — Chairman (from February 9, 1990)	College of Physicians and Surgeons of Manitoba
K. Brown, M.D. — Chairman (to February 8, 1990)	College of Physicians and Surgeons of Manitoba
F.R. Friesen, M.D.	Health Sciences Centre
R. Harris (to February 19, 1990)	Manitoba Association of Community Health Centres
E. Yallowega (from May 26, 1989)	Manitoba Health Organizations, Inc.
G. Fletcher (to May 10, 1989)	Manitoba Health Organizations, Inc.
G. Grimsen (from June 27, 1989)	Manitoba Health Records Association
E. Fondse (to June 26, 1989)	Manitoba Health Records Association
L. Gordon (from February 27, 1990)	Manitoba Medical Association
V. Taylor (from October 16, 1989 to February 27, 1990)	Manitoba Medical Association
C. Cronin (to June 7, 1989)	Manitoba Medical Association
W.J. Blight, M.D.	St. Boniface General Hospital
C. Sawyer — Secretary	Manitoba Health Services Commission

The Access and Confidentiality Committee was established by the Manitoba Health Services Commission in April 1979. The Committee provides advice to the Commission on the confidentiality of, and appropriate access to, health services data in its computerized information system.

The Committee met three times during the year and considered thirteen requests for data. Eleven of the requests were recommended for approval, one was not, and a decision on the other was pending on March 31, 1990. The approved projects are as follows:

1. Reactions to Relationships Between Men and Women. The purpose of the study is to assess whether certain factors can be used to predict men's antisocial behaviour, with particular emphasis on behaviour against women.
2. Population-Based Studies of Influenza: Vaccination, Morbidity, and Mortality. The objectives of the study are to:
   - define high-risk patients and to detect missed opportunities for influenza vaccination
   - assess the clinical effectiveness of influenza vaccination
   - examine the micro-epidemiology of influenza vaccination
   - determine the frequency of occurrence of adverse reactions to influenza vaccination
   - examine long-term outcomes of patients with pneumonia and influenza.
3. The Manitoba Crossmatch Study. Its purpose is to determine the prevalence of HIV infection in the province. The research will be done anonymously, so that the results cannot be linked to the patient.
4. The Manitoba Study. A Public Health Sentinel Laboratory Anonymous, Unlinked HIV Antibody Seroprevalence Study in:

   a) Pregnant Women;

   b) Persons with Sexually Transmitted Diseases;

   c) Intravenous Drug Users;

   d) Healthy Persons Screened for Syphilis.

   The immediate aim of this research is to estimato the HIV seroprevalence levels in Manitoba. The long term goal is to follow the trend in HIV seroprevalence, by continuing testing over a three-year period with cross-sectional prevalence surveys.
5. Migration of the Elderly in Southwest Manitoba. This is the second phase of a long-term project on migration of the elderly. The aim of this phase is to examine whether the migration from other areas of Manitoba to Brandon and within Brandon brought about the anticipated changes and resultant well-being among the relocated elderly.
6. Request for Research Data. The objective of the project is to update the University of Manitoba health care data provided by the Commission on Manitoba residents for studies at the local, national and international levels and for the development/improvement of software and techniques for analysis.
7. Factors Influencing the Decreased Average Length of Stay of Patients on the Internal Medicine services at Health Sciences Centre between 1985 and 1988. The purpose of this study is to review the reasons for the decrease in length of hospitalization, for various common diagnoses, between the two study periods.
8. Mental Health and Well-Being of Elderly Adults Following Relocation Within Southwestern Manitoba. This is the third and last phase of a long-term project on migration of the elderly. The aim is to examine the impact of migration on mental health and well-being of elderly within southwestern Manitoba between 1984 and 1989.
9. Outcome Assessment Program in Ischemic Heart Disease. The primary objective of this project is to identify inappropriate sources of variation in medical care of patients with chronic ischemic heart disease with the goal of maximizing health outcomes consistent with the efficient use of health care resources.
10. Collaborative Epidemiology Study. The purpose of this study is to modify and test research instruments which can be used to effectively screen samples of North American Indians and non-Indians 65 years and over in a community survey in Manitoba for dementia, and to determine differential diagnoses of dementing disorders, especially Alzheimer's Disease.
11. Collaborative Analysis of Common Surgical Procedures. The objective of this longitudinal study is to describe and explain the outcomes of eight relatively common surgical procedures.

Pharmacare Advisory Committee

Members

K. Brown, B.Sc.Pharm. — Chairman
D. Boyd, B.Sc.Pharm.
W. Ellerby, B.Sc.Pharm.
S. Fingerote, B.Sc.Pharm.
G. Lawson, B.Sc.Pharm.
D. Maksymyk, B.Sc.Pharm.

The Pharmacare Advisory Committee is composed of pharmacists from both government and private practice. Its dual purpose is to provide professional guidance in determining which drugs should be included as benefits under the Pharmacare Program and to maintain contact with practicing pharmacists.

The committee met once during 1989/90 to review administrative procedures related to the Pharmacare Program and to recommend revisions to the schedule of eligible drugs.

Standing Committee on Diagnostic Services

Members

J.H. McBeath, M.D. — Chairman	Manitoba Health Services Commission
G. MacDonald	Citizen Representative
G.C. Gough, M.D.	Manitoba Medical Association
D. Bowden, M.D.	University of Manitoba
G.M. Lindsay, M.D.	College of Physicians and Surgeons of Manitoba
G. Hammond, M.D.	Manitoba Health Services Commission
R.H. Harvey	Manitoba Health Services Commission
P.G. Lommerse, M.D. (to January 3, 1990)	College of Physicians and Surgeons of Manitoba
D. Brodovsky, M.D. (from February 8, 1990)	College of Physicians and Surgeons of Manitoba
T.A. Yeo, M.D.	Manitoba Medical Association
M.J. Painchaud — Secretary	Manitoba Health Services Commission

Resource Consultants:

H. Friesen	Manitoba Health Services Commission
J. Lock	Manitoba Health Services Commission

The Standing Committee on Diagnostic Services advises the Commission on requests for new diagnostic facilities and on requests for expanded services in facilities already in place. As well, it acts as a reference and consultative body about issues related to the operation of diagnostic services which the Minister of Health or the Manitoba Health Services Commission may refer to it.

Members of the Committee met on two occasions during 1989/90. Of the 13 requests submitted for consideration, six were recommended for approval, three were not, and a decision on the remaining four requests was pending on March 31, 1990.

Of the six approvals, five were for additional tests and one for additional equipment in an X-ray facility.

Standing Committee on Medical Manpower

Members:

B.D. Postl, M.D. — Co-Chairman

G. Dow, M.D. — Co-Chairman

K.M. Simpson, M.D. (to October 6, 1989)	College of Physicians and Surgeons of Manitoba
P. Nehra, M.D. (from February 14, 1990)	College of Physicians and Surgeons of Manitoba
B. Wright, M.D.	Professional Association of Residents and Interns, Manitoba
R. Sanders, M.D. (from June 21, 1989)	Manitoba Medical Association
G. Gelowitz	Manitoba Health Organizations, Inc.
B. Levin, Ph.D. (to October 10, 1989)	Universities Grants Commission
Leo LeTourneau, Ph.D. (from November 2, 1989)	Universities Grants Commission
T. Arnason (to June 20, 1989)	Union of Manitoba Municipalities
D. Lethbridge (from June 21, 1989)	Union of Manitoba Municipalities
M. Chambers (from June 21, 1989)	Manitoba Association of Urban Municipalities
J.F. Ross, M.D.	Manitoba Medical Association
M.L. Kopelow, M.D. (from June 21, 1989)	University of Manitoba Faculty of Medicine
G. Beazley, M.D. (from June 21, 1989)	University of Manitoba Faculty of Medicine
H. Wiebe (from June 21, 1989)	Manitoba Association of Urban Municipalities
R. Comte (from June 21, 1989)	Member at Large
R. Carter, M.D. (from June 21, 1989)	Member at Large
S. Derk (from June 21, 1989)	Member at Large
D. Rodgers, M.D. (from June 21, 1989)	Member at Large
M.J. Painchaud — Executive Secretary	Manitoba Health Services Commission

Resource Consultants:

J.C. Wilt, M.D. (to April 16, 1989)	Manitoba Health Services Commission
J. Robson	Manitoba Health Services Commission
T. Williams, M.D.	Manitoba Health Services Commission
D. Pascoe (to November 17, 1989)	Research & Planning Directorate, Manitoba Health
J. Wade, M.D. (from January 2, 1990)	Research & Planning Directorate, Manitoba Health

The Standing Committee on Medical Manpower (SCOMM) was established in 1979 for the purpose of review, analysis, evaluation and recommendations with respect to all matters bearing on the supply, category of practice and geographic distribution of physicians in Manitoba. The Committee reports to the Ministers of Health and Education.

The major problem identified by the Ad Hoc Committee on Medical Manpower in 1978 was shortages of medical services in rural and remote areas of Manitoba, and SCOMM has, until now, focused mainly on shortages and maldistribution of physicians in these areas. To redress the problem, SCOMM oversees a placement bureau, offers an incentive program and facilitates the immigration of foreign physicians.

SCOMM has assumed the major responsibility for placement services, and maintains a list of communities seeking physician services and a complementary list of physicians seeking practices.

The incentive program supports medical students in summer job experience in rural areas, offers loans to selected third and fourth year students agreeing to practice in a medically underserviced area, offers rural residencies at the University of Manitoba to physicians who wish to take post-graduate training in specialties needed in rural areas, and provides grants to physicians establishing practice in medically underserviced areas.

The efforts of SCOMM have been successful in many cases; however, there continues to be an overall shortage of physicians in rural and remote areas of Manitoba. Physicians, medical students and health personnel indicate that some of the barriers to rural practice can be attributed to:

- isolation from professional colleagues
- overwork resulting from public demand for continuous services
- lack of acceptable housing
- limited social and cultural amenities
- high cost of establishing a viable practice
- high cost of living, particularly travel for vacations, business or professional meetings
- difficulty of getting a temporary replacement to permit travel or attendance at meetings
- lack of educational opportunities
- constraint on fee income and its potential for growth due to limitations of population in the catchment area
- lack of confidence or security to practice in a more isolated milieu, without ready access to sophisticated diagnostic and treatment resources, as well as consultation services.

Circumstances have changed and today equally important problems exist in urban areas, where an oversupply of some types of physicians and an undersupply in certain specialties (radiotherapy, laboratory medicine, psychiatry and anaesthesiology) have manifested themselves.

SCOMM perceives that one important solution to the problems of rural and urban manpower supply lies with the reorganization of the health care delivery system, including shared resources and services arrangements between the regions.

Further details of SCOMM programs can be found in the Annual Report of the Standing Committee on Medical Manpower, including data on physician supply and distribution.

Insurance Division

The Insurance Division is responsible for the assessment and processing of claims received from practitioners and individuals, complex medical claims and claims for insured services rendered to Manitoba residents in other provinces, territories or countries.

Information on insured services and programs is provided to the public through the distribution of pamphlets, booklets, brochures and posters, and by periodic media advertising campaigns.

The division determines eligibility for insured services and benefits, and is responsible for registration and enrollment of all residents of Manitoba in the Manitoba Health Plan.

Eligibility for Insured Health Services and Benefits

Manitoba residents are entitled to most of the insured health benefits provided by the Manitoba Health Services Commission.

When health services are required as the result of injuries through the negligence of a third party, all or part of the costs are recoverable from insurance companies.

Newcomers from other provinces or territories, establishing permanent residence in Manitoba, must wait until the first day of the third month after arrival to be eligible for all benefits. The exception is residents in a personal care home (see last paragraph of this section). During the waiting period, new residents are encouraged to continue with the health insurance coverage plan of their former province or territory. Manitobans leaving the province permanently are provided with coverage for a similar period under the Manitoba Plan.

If a person taking up permanent residence in Manitoba has previously lived in another country, benefits are available on the date of arrival in Manitoba.

New residents are required to register themselves and their dependents through their employer or the municipality where they live, or directly with the Commission.

Residents of Manitoba, who previously lived here for 30 years or more, can be considered for personal care home benefits on the date of their return to Manitoba. Newcomers to Manitoba and former residents of less than 30 years residency are eligible for personal care home benefits after living in Manitoba for 24 consecutive months. In all cases, an assessment panel must determine whether or not an applicant qualifies for placement.

Medical Program

The medical program provides insured physician services in health care facilities, in the physician's office or in the patient's home. Rates of payment for various medical procedures are based on a Schedule of Benefits negotiated between the Commission and Manitoba Medical Association. In 1989/90 the Commission processed 8,234,232 physicians' claims totalling $243.9 million. This represents an increase of 6.7 percent over 1988/89 expenditures after adjusting for the over-estimation of $3.1 million of the medical services claims liability as at March 31, 1988. Planned expenditures for the year were $244.0 million.

Under the interprovincial reciprocal agreement, Manitoba physicians billed the Commission for 219,169 services, and received payment amounting to $6.0 million for treating residents of other provinces and territories.

Other Insured Health Services

Also insured are certain services provided by optometrists, chiropractors and dental surgeons.

Optometric benefits include a complete eye examination, with refraction and prescription, performed annually or as medically required. In 1989/90, the Commission processed 242,126 optometric claims totalling $6.0 million, an increase of 4.8 percent in claims, and 9.1 percent in payments over 1988/89. Planned expenditures for the year were $6.0 million.

Chiropractic services are insured up to a maximum dollar amount for each individual, for benefits received during a calendar year. In 1989/90, the Commission processed 516,971 chiropractic claims totalling $8.9 million, a slight decrease in claims and a decrease of 1.7 percent in payments from 1988/89. Planned expenditures for the year were $9.5 million. The fee settlement for 1989/90 included the introduction of a 10 percent fee differential for services provided by chiropractors residing and practicing north of the 53rd parallel.

Insured oral surgery services include certain surgical procedures performed by licensed dentists or registered oral and maxillofacial surgeons when hospitalization is required for the proper performance of the procedure. In 1989/90, the Commission processed 3,885 claims for oral surgery totalling $1.3 million, a decrease in claims of 2.5 percent and a 7.3 percent increase in payments over 1988/89.

Ancillary Services

In addition, insurance is provided for a number of ancillary services such as prosthetic and orthotic devices, cleft lip/palate, post mastectomy breast forms and brassieres, hearing aids and orthopaedic shoes for children under 18 years of age, telecommunication devices for the profoundly deaf, eyeglasses for persons 65 years of age and over, artificial eyes, and contact lenses for infants with congenital eye defects.

Specific prosthetic and orthotic devices and services, including certain limb and spinal braces, are insured when prescribed by a medical practitioner. In 1989/90, 18,835 devices and services cost $2.6 million, a decrease from 1988/89 of 1.5 percent in the number of devices and services supplied, and an increase of 8.3 percent in the amount paid.

The cleft lip/palate program insures the cost of routine dental maintenance, prosthetics, including crowns and bridges, and the services of orthodontists for children under 18 years of age. In 1989/90, the Commission processed 1,073 cleft lip/palate claims totalling $128,956, an increase of 37.0 percent over 1988/89 in the number of claims and an 8.8 percent increase in the amount paid.

Post mastectomy breast forms and brassieres costs are insured up to a maximum limit of $136.00 per prosthesis. The program insures a maximum purchase of two prostheses every four years for a single mastectomy or four for a double mastectomy. A subsidy of $10.90 per surgical brassiere, up to a total of two brassieres in each 12 month period, is also provided. In 1989/90, the Commission processed 1,409 claims for breast prostheses and surgical brassieres totalling $138,053, a decrease of 2.6 percent in the number of claims and an increase of 3.7 percent in the amount paid over 1988/89.

For children under 18 years of age, the Hearing Aid Program provides for reimbursement of 80 percent of the cost of a hearing aid, to a maximum benefit of $298.00, plus the cost of services related to fitting the devices in excess of a deductible amount of $75.00 every four years. Additional hearing aids may be subsidized, during the four year period, if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1989/90, the Commission processed 104 audiological claims resulting in payment for 171 hearing aids totalling $41,872, a decrease of 7.1 percent from 1988/89 in the number of claims, and a decrease of 28.9 percent in the amount paid.

The cost of orthopaedic shoes are insured for children under 18 years of age. The Commission pays 50 percent of the cost of stock shoes up to a maximum benefit of $24.70 and 50 percent of the cost of shoes for children with different size feet to a maximum benefit of $37.10, and 50 percent of the cost of custom-made shoes to a maximum benefit of $123.50. Up to $4.95 per pair of shoes is allowed for alterations. The program insures a maximum purchase of two pairs of shoes in 12 months. In 1989/90, the Commission processed 749 claims totalling $19,779, a decrease of 9.5 percent from 1988/89 in the number of claims, and a decrease of 3.3 percent in the amount paid.

The Commission insures the cost of telecommunication devices for the profoundly deaf. This equipment makes it possible to conduct telephone conversations by keyboard and display terminal. Qualified purchasers of such equipment receive 80 percent of the cost in excess of a deductible of $75.00, to a maximum of $380.00. In 1989/90, the Commission processed 40 claims for such devices totalling $10,705, a decrease of 28.6 percent from 1988/89 in claims, and a decrease of 16.3 percent in the amount paid.

The Commission partially insures the cost of eyeglasses for persons 65 years of age and over. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50.00. In 1989/90, the Commission processed 22,694 claims for eyeglasses totalling $761,197, an increase over 1988/89 of 8.2 percent in claims, and 5.3 percent in the amount paid.

Artificial eyes and related services are insured up to an approved amount. In 1989/90 188 claims were processed, totalling $47,104, an increase of 7.4 percent over 1988/89 in the number of claims and 27.0 percent in the amount paid.

Initial fitting of contact lenses for congenital eye disorders for infants are insured up to a maximum of $190.00 for each lens. In 1989/90 seven claims were processed totalling $1,330, an increase of 16.7 percent in claims and 20.4 percent in the amount paid.

Pharmacare Program

The Pharmacare Program protects Manitobans from financial hardship resulting from expenses for prescription drugs. For the calendar year 1989, this program covered 80 percent of the cost of eligible prescription drugs in excess of the deductible. The per family deductible was $88.50 in 1989, revised as of January 1, 1990 to $92.75, for families where at least one member was 65 years of age and over; and $156.15 in 1989, revised as of January 1, 1990 to $163.65, where all members of the family were under 65 years of age.

Advice and guidance on the listing of eligible drugs, and other matters relating to the Pharmacare Program, is provided to the Commission by the Pharmacare Advisory Committee.

In 1989/90, the Commission's expenditures for Pharmacare were $44.6 million as compared to $40.4 million in 1988/89, an increase of 10.4 percent in the amount paid. Planned expenditures for the period were $50.4 million; the underexpenditure is due to the actual volume increase being much less than anticipated. Claims processed for the 1989 benefit year were 210,009, an increase of 4.7 percent over the 1988 benefit year.

Multiple Prescription Drug Program

An annual operating grant of approximately $100,000 is being provided to the College of Physicians and Surgeons of Manitoba to fund a new program aimed at controlling the abuse of certain prescription drugs.

The Multiple Prescription Drug Program (often referred to as the Triplicate Prescription Program) became effective January 18, 1990. The primary objectives of the program are to track abuse by consumers and prescribers of drugs in order to identify:

- specific consumers whose drug use requires intervention
- specific prescribers who may require re-education and/or intervention
- trends of drug use which suggest the need for public/professional education regarding more responsible drug use.

Secondary objectives include:

- facilitating communication among the professions and the Bureau of Dangerous Drugs in order to control the misuse of prescribed medications
- cost containment.

Under the program, physicians, dentists and veterinarians wishing to prescribe from the list of narcotic, barbiturate, stimulant and controlled drugs must use a special prescription pad which is registered in their name.

When the prescription is written, one copy is kept by the prescriber, one by the pharmacy and the third forwarded to the College of Physicians and Surgeons of Manitoba for entry into a computerized database which is programmed to pick up unusual patterns of prescribing or drug use.

Administered by the College of Physicians and Surgeons of Manitoba, the program participants include the Manitoba Pharmaceutical Association, Manitoba Health, the Manitoba Veterinary Medical Association, the Manitoba Dental Association, the Manitoba Medical Association, the Bureau of Dangerous Drugs and the Manitoba Health Services Commission.

Development of Electronic Medical Claims Program

As claim volumes are increasing annually, electronic claims submission is instrumental in improving service to health care providers in a cooperative manner, while at the same time helping to keep the Commission's administrative costs to a minimum.

In 1981, the Commission began accepting claims from and providing remittances to physicians, chiropractors, and optometrists on magnetic tape. This technology offered these practitioners the opportunity to improve claims billing and remittance processes through faster claims processing and automated reconciliation capabilities. In the fall of 1986, the Commission expanded its support of the electronic claims program to include the exchange of floppy diskettes from practitioners' personal computers, as well as direct telecommunications from mini-computers.

A study completed in April of 1989 recognized that further promotion of the electronic claims exchange program would greatly benefit the medical claims processing system. In July 1989, the Commission announced the expansion of this program to include the telecommunication of medical claims from approved personal computers. This enabled smaller clinics and solo practitioners to take advantage of today's telecommunications technology.

This technology provides a more efficient method of claims submission and reconciliation than with the exchanging of diskettes. The Commission supplies the personal computer telecommunication package and the only additional equipment required by the practitioner is a modem. As with other methods of electronic claims exchange, Commission staff provide training and guidance to the practitioner's office staff and/or computer consultants to facilitate the implementation of this option.

During the 1989/90 fiscal year, the Commission processed more than nine million medical claims, of which approximately three million or 32 percent were received electronically. The breakdown by method of electronic billing was as follows:

Magnetic Tape	41%
Personal Computer Telecommunications	22%
Personal Computer Diskettes	19%
Mini Computer Telecommunications	18%

This type of initiative will continue into the 1990s providing further opportunities for electronic information exchange between the providers of health care and the Commission.

Provincial Laboratory and X-ray Services Division

The Provincial Laboratory and X-ray Services Division provides diagnostic and public health services to the citizens of Manitoba.

Comprised of two sections, the Cadham Provincial Laboratory (CPL) and the Rural Laboratory and X-ray Unit System (LAXUS), the Division is responsible for the delivery of diagnostic and public health programs in clinical microbiology, serology, environmental microbiology, virology, parasitology, metabolic diseases, sexually transmitted diseases (including AIDS), biochemistry, hematology, urinalysis, radiology, electrocardiography, and diagnostic ultrasound.

LAXUS provides staffing, direction, supervision, and continuing education to 71 rural and northern health facilities and provides diagnostic resources to Federal hospitals in Hodgson and Norway House, and to Winnipeg's Mount Carmel Clinic.

The fiscal year 1989/90 marked the beginning of three additional rural diagnostic ultrasound programs. On June 19, 1989, ultrasound imaging started at the Portage and District General Hospital, followed closely by a visiting service in the Flin Flon General Hospital and, in October 1989, by the start-up of a Minnedosa-based mobile service. Currently, the mobile service provides diagnostic ultrasound to the Minnedosa Health District Hospital, the Neepawa District Memorial Hospital, and the Russell District Hospital.

The Division has upgraded its electronic communications throughout the province through a microcomputer network. This provides same day delivery of hard copy results of laboratory testing from specimens submitted to the Cadham Provincial Laboratory, and also facilitates communication across the Divisional laboratories and Westman Regional Laboratory.

The Division has begun a review of the utilization of diagnostic services throughout the province of Manitoba, with the aim of encouraging protocols for diagnostic management and for ongoing feedback to users of these diagnostic services.

Virus Detection Section:

In the Cadham Provincial Laboratory the Virus Detection Section has developed technical methods for the detection of papillomavirus and AIDS virus, based on molecular detection of amplified genes of these viruses. These technical methods are a major innovation for use in diagnostic microbiology and will have important applications in other areas of the laboratory in the future. Technical methods have also been developed for the more rapid diagnosis of a wide range of virus infections, including those likely to occur in individuals involved in the upcoming bone marrow transplantation program.

Metabolic Diseases/Chemistry Section:

The Metabolic Diseases/Chemistry Section of the Cadham Provincial Laboratory shared in the start up of a Federal and Provincial study which will cost $2.4 million over four years to conduct a Heart Health Survey of Manitobans. Approximately 2200 persons volunteered to participate. In addition to the common lipid fractions tested (total, HDL and LDL cholesterol), glycated hemoglobin and fasting blood sugar estimations were performed. Blood pressure and body mass calculations were also made in order that an accurate estimation of the cardiovascular fitness of the population could be determined.

Clinical Microbiology Section:

Detection of sexually transmitted diseases (STD), mainly gonorrhoea and chlamydial infections, is a major function of the Clinical Microbiology Section. The new confirmatory test for Chlamydia has signficantly improved test accuracy. Research was conducted for diagnosis of STD in sexually abused pre-pubertal children. Detection was enhanced of the toxin and organisms which caused the epidemic of hemorrhagic colitis and hemolytic uremic syndrome in the Province in the summer of 1989. New methodology enhanced the ability and timeliness of *Mycobacterium tuberculosis* detection. Detailed tracking of bacteria is becoming an important part of hospital infection control epidemiology, and DNA analysis was conducted of bacteria causing an outbreak which closed a hospital cardiovascular surgical unit. This section of the Clinical Microbiology laboratory will undergo further development and expansion in the next few years.

Serology Section:

The Serology Section reported an increase in the number of requests for AIDS testing, especially in persons concerned about the heterosexual spread of this deadly virus. In addition, two new tests were evaluated, a commercial test for the detection of antibodies to hepatitis C, a common cause of post-transfusion hepatitis, and Lyme Disease was studied extensively in humans by serological testing and collection of clinical and epidemiological data. Ticks submitted by the public were also examined but the Lyme Disease organism was not found in 1989.

Environmental Microbiology Section:

In collaboration with municipal, provincial and/or federal health officials, the Environmental Microbiology Section has provided laboratory services for four new investigations. These studies included a bacteriological evaluation of water bottled in Manitoba and sold in various grocery stores, a bacteriological evaluation of dental carts used in various parts of the Province, a

bacteriological evaluation of ground beef sold in fast food and grocery stores for Escherichia coli 0157 H7 and other toxin-producing bacteria, capable of causing bloody diarrhea and the haemolytic uremic syndrome, and a study of endotoxin in the air for workers exposed in Winnipeg's sewage treatment plants.

Hospital Facilities Divisions

Hospitals

The Urban Health Facilities Division and the Rural Health Facilities Division have responsibility for recommending funding for Manitoba hospitals, community health centres and related facilities such as the Manitoba Cancer Treatment and Research Foundation. The Rural Division also funds some juxtaposed personal care homes that have close relationships with rural hospitals.

Standards of care and service in Manitoba hospitals are monitored by consultants employed by the Commission. These consultants provide a consulting service covering most aspects of hospital operations including staffing patterns, laboratory and organ imaging diagnostic services, nursing, dietetics, pharmacy, and other support services including administration and finance. They also assist in the planning, development and implementation of programs.

Finance officers review budget submissions, financial and statistical returns, and prepare rate recommendations and year-end settlements.

As of March 31, 1990, Manitoba had a total of 5,520 active treatment beds and 897 extended treatment beds to service a population of 1,129,810 or 4.9 active and 0.8 extended treatment beds per 1,000 population.

Fifty-six percent of the population live in the City of Winnipeg, which has 3,168 active treatment beds and 686 extended treatment beds. There are two teaching hospitals and five community hospitals ranging in size from 136 beds to 1,113 beds, plus two extended treatment centres, one specialty facility for children, and an adolescent psychiatric facility. Because rural Manitobans and non-residents accounted for 20.1 percent of patient days in Winnipeg hospitals, the active and extended treatment beds available to Winnipeg residents were 4.8 per 1,000 population.

Manitoba's rural population is served by 70 community and district hospitals ranging in size from under 15 beds to 393 beds, plus two federal hospitals and 18 federal nursing stations, as well as the beds used in Winnipeg hospitals.

Some of the smaller rural hospitals continued to experience difficulties retaining permanent medical personnel. In response to this general challenge, four facilities had salaried physician arrangements approved during the year. Including Native communities and facilities managed by the Federal Government's Medical Services Branch, there are now approximately twenty rural communities receiving medical services through salaried arrangements funded through the Rural Health Facilities Division.

Hospital Insured Services

Health services provided to persons in hospital as insured services include:

- standard ward accommodation and meals (for preferred private or semi-private bed accommodation a hospital may bill a patient directly)
- necessary nursing services
- laboratory, radiological and other diagnostic procedures
- drugs, biologicals and related preparations
- use of operating room, case room and anaesthetic facilities
- routine medical and surgical supplies
- radiotherapy, physiotherapy, occupational and speech therapy
- other goods and services approved by the Commission.

Most out-patient services are insured. In some cases, the hospital may charge for take-home supplies of drugs and dressings.

In 1989/90, insured hospital services cost $838.8 million, an increase of 6.3 percent over 1988/89. This covered 1,753,170 insured days for separated patients (1,675,800 for adults and children, and 77,370 for newborns), a decrease of 0.8 percent from 1988/89.

Planned expenditures for this period were $852.5 million. The underexpenditure of $13.725 million is due to the following factors:

	$(000's)
Funding of hospital employees' long term disability insurance plan less than approved amount	$ 1,692
Salary increases in excess of voted estimates	(3,896)
Volume of out-of-province hospital payments was lower than budgeted	5,330
Delays in new construction and/or renovations and outright equipment purchases	10,330
Base-line surplus re principal payments for rural hospital debentures	900
Recoveries for residents of other provinces in excess of approved amount	1,030
Miscellaneous expenditures in excess of approved amount — net	(1,661)
	$ 13,725

Financial Management Program

Since its introduction in the 1987/88 fiscal year, funding under the "no deficit" policy has been well received by the participating hospitals and has continued into the 1989/90 fiscal year.

Under this process, a level of funding is negotiated early in the fiscal year. In addition, the Commission commits to fund approved contract settlements and supply cost increases based on the Consumer Price Index. A $2.0 million fund had also been set aside to provide for extraordinary supply costs increases in selected programs. In return, hospitals commit to operate on the basis of a balanced budget with no appeals during the year and no year-end settlement of costs attributable to uncommitted deficits.

Based on preliminary year-end information, most hospitals have reported small surpluses and only three are expected to incur deficits.

Life Support Supplies Fund

Global budget economic increases for supplies costs are provided equally to hospitals each year but some hospitals are impacted more than others by increasing supplies costs, particularly for tertiary level programs. Accordingly, a Life Support Supplies Fund of $2.0 million was established in 1988/89 and continued in 1989/90 to assist hospitals in meeting extraordinary increases.

Administered by a special committee, this $2.0 million fund was applied to designated programs to reduce or eliminate deficits arising from their operation. Programs designated for funding were: oncology, dialysis, total parenteral nutrition, angioplasty, AZT (AIDS drug), pacemakers, cyclosporine (antirejection drug), activase (heart drug), and selective antibiotics for neonatal intensive care.

Funds were allocated to the various programs operating at the Health Sciences Centre, St. Boniface General Hospital, Grace General Hospital, Victoria General Hospital, Concordia General Hospital, Seven Oaks General Hospital, Brandon General Hospital, Village Clinic, The Pas General Hospital, Selkirk General Hospital, Bethel Hospital, Rossburn District Health Centre and Notre Dame Medical Nursing Unit.

Labour Relations

All major health care unions were in the third year of a three year settlement this year. The third year in most collective agreements had a wage increase based on the Consumer Price Index for Winnipeg.

A long term disability plan, effective October 1, 1988, has been negotiated in most of the recent health care settlements. The plan provides a disability benefit of 66 2/3 percent of the employees' gross pay following a waiting period of 119 days after the commencement of the disability. During the first four months of disability, the employee draws any banked sick credits, or sick benefits under the Unemployment Insurance Commission program. The Manitoba Health Organizations Inc. administers the plan with adjudication of claims by the North American Life Assurance Company.

Funds were provided to non-union facilities to reduce the wage gap between union and non-union support staff. Additional funds of approximately $30 per month for each non-union support worker were made available in 1988/89.

The Pay Equity Act of Manitoba requires 23 health care facilities to implement pay equity as defined by the Act. Twenty-two of these health facilities are funded by the Manitoba Health Services Commission while one facility is funded through the Department of Community Services.

The facilities funded by the Manitoba Health Services Commission include 12 rural health care facilities, one research and treatment facility, two teaching hospitals, one extended treatment facility and six urban hospitals. These facilities employ about 19,000 staff of which 15,200 staff (80%) are eligible for pay equity wage adjustments.

Negotiations between union and management for pay equity wage adjustments reached an impasse over the question of implementation. On July 3, 1989 the Manitoba Council of Health Care Unions applied to the Labour Board for resolution of the stalemate. At issue was the interpretation of Section (3) of the legislation which states that the employer is not obligated to provide funds in excess of 1% of the previous 12-month period payroll.

The Manitoba Labour Board hearing was held on November 29-30, 1989, and on January 5, 1990 the Board issued an interim ruling stating that an amount of $18 million should be made available over a four-year period for pay equity wage adjustments.

Anaesthetic Upgrade

The Commission completed a comprehensive program of upgrading and replacement of all anaesthetic machines under the Manitoba Anaesthetic Equipment Upgrade Program. The program cost $3.2 million for the purchase of 92 new anaesthetic machines and upgrade of 66 anaesthetic machines. Of the $3.2 million, $1.2 million was spent on equipment for hospitals in rural Manitoba.

The program was initiated almost two years ago in response to changes to Canadian Standards Association Guidelines calling for increased safety features and checks in anaesthetic equipment design. Under the program, all anaesthetic machines in Manitoba

hospitals underwent a thorough assessment to determine whether the machines could be upgraded or whether replacement would be required.

The Manitoba Health Organizations Inc. participated in the program by preparing a group tender for required equipment. It is estimated that cost savings of approximately $1.2 million has been realized by proceeding with a provincial group purchase of equipment.

Patients requiring anaesthesia in a Manitoba hospital can be assured that the most up to date safety features are incorporated at all anaesthetizing locations in the province.

Leadership to the Manitoba Anaesthetic Equipment Upgrade Program was provided by Dr. Robert Friesen, an Anaesthetist from the St. Boniface Hospital with an expert Advisory Committee consisting of representatives from urban and rural hospitals, the College of Physicians and Surgeons, the Manitoba Health Organizations, Inc. and the Manitoba Health Services Commission.

Community Health Centres

In 1989/90, the Commission continued to fund the operation of eight Winnipeg community health centres and five in rural Manitoba. Although each centre provides a number of specialty services to specific client groups, most of them provide comprehensive primary health care to their respective clientele or community.

Provincial Program in Pediatric Heart Surgery

Since his recruitment to the Children's Hospital in July 1986, Dr. Kim Duncan (Pediatric heart surgeon) has developed a medical and nursing team with considerable expertise in the intra-operative and post-operative care of infants and young children with congenital and rheumatic heart disease. The first infant heart surgery was performed in January 1987, and since that time increasingly complex corrective heart surgery has been done successfully. Between 100 and 125 heart operations on children are now done in Winnipeg each year and it is no longer necessary to refer Manitoba children "out-of-province" for heart surgery. In fact, in the past year, The Variety Children's Heart Centre in Winnipeg developed a regional referral base providing these services not only to children from Manitoba, but also from Ontario, Saskatchewan and Alberta.

Long Term Care Programs Division

The Long Term Care Programs Division administers the insured personal care home program and is responsible for planning and developing new programs to meet emerging needs. The division approves funding, establishes and monitors standards for all free-standing personal care homes, the Adult Day Care Program, and the Respite Care Program in personal care homes and Deer Lodge Centre. The division also approves funding for Community Therapy Services Inc. and monitors the program.

Personal Care Home Program

Admission to a personal care home is determined by an assessment panel of health professionals including a physician, a nurse, a social worker and the Regional Continuing Care Coordinator. If the panel agrees that an applicant cannot be cared for appropriately in the community, he or she is listed for admission to a personal care home, at one of four levels of care defined for the program. Levels of care are determined by the amount of nursing care required by the resident. As of March 31, 1990, 4.7 percent of residents were at level one, the lightest level, 32.3 percent were at level two, 33.5 percent were at level three and 29.5 percent were at level 4.

As of March 31, 1990, 50.8 percent of all personal care home residents were over 85, 20.1 percent were between 80 and 84, 13.2 percent were between 75 and 79, 6.9 percent were between 70 and 74, 4.1 percent were between 65 and 69, and 4.8 percent were under 65. There was a 2.5 percent increase in residents over age 85 from March 1989.

This program provides the following insured benefits:

- accommodation at the standard ward level
- meals, including special and therapeutic diets
- necessary nursing services
- routine medical and surgical supplies
- prescribed drugs, biologicals and related preparations approved by the Commission
- physiotherapy and occupational therapy service
- routine laundry and linen service
- other goods and services approved by the Commission.

Since 1973, when Manitoba became the third province to provide a universally insured personal care home program, residents have paid a residential charge amounting to approximately 25 percent of total cost. At March 31, 1990 this charge was $21.30 a day.

In 1974, the first full year of the program's operation, the cost was $34.1 million for 2,455,173 resident days in 95 facilities.

In 1989/90, the cost was $197.7 million, an increase of 4.2 percent over 1988/89, for 3.0 million resident days in 114 facilities. Planned expenditures for the year were $202.0 million. The underexpenditure of $4.261 million is attributable to the following:

	$(000's)
Delays in new construction and/or renovations	$ 1,564
Delays in opening of new beds at Deer Lodge	2,393
Funding of personal care home employees' long term disability insurance plan less than approved amount	1,409
Additional costs at Deer Lodge due to a reallocation of operating costs between federal and provincial responsibility	(1,500)
Miscellaneous savings — net	395
	$ 4,261

As of March 31, 1990, 33 of Manitoba's personal care homes were in Winnipeg with a total of 4,591 beds, and 81 were in other regions with a total of 3,760 beds.

Seventeen of Manitoba's personal care homes — 12 in Winnipeg, two in Brandon and three in rural areas — are privately owned and operated. Ninety-six are non-proprietary and are operated by municipal authorities, non-profit religious or charitable groups, and service organizations. One is owned and operated by the provincial government.

Deer Lodge Centre

In 1983, the former Deer Lodge Hospital was transferred from federal to provincial jurisdiction; since then it has undergone a major redevelopment program now offering a continuum of services for the elderly. Under an agreement with the Federal Government, the Centre has reserved 155 personal care home beds for Veterans and makes an additional 43 Personal Care beds available to the community.

Deer Lodge Centre has implemented a number of special programs in the area of geriatric care. These include:

1. Psychogeriatric Community Outreach Team — providing consultative/assessment service for elderly persons with mental health problems. This program is closely linked with and works in collaboration with Community Mental Health Services.
2. Psychogeriatric Personal Care Home Resource Team — providing consultation/assessment to 10 personal care homes in addition to Deer Lodge Personal Care Units in the management of behaviorally disturbed residents.

3. Personal Care Unit for Cognitively Impaired — a unit with the environment, staff and programs specifically addressing the needs of cognitively impaired residents.
4. Adult Day Care — "Get Away Club" — an Adult Day Care program staffed and programmed to specifically meet the needs of cognitively impaired (Alzheimer's type) individuals living in the community.
5. Respite Care — provision of two respite care beds in the Personal Care Unit for relief of caregivers looking after elderly persons in the community.
6. Day Hospital — providing all the assessment and treatment components of a day hospital, with particular emphasis on serving the elderly population.
7. Psychogeriatric Inpatient Unit — a 12 bed unit for voluntary short stay clients requiring comprehensive, interdisciplinary assessments that incorporate the psychiatric, social and physical/functional needs of the elderly individual.
8. Speech/Language Pathology program — has provided leadership in two areas:

   Dysphagia Program — provides assessment, diagnosis and management protocols for elderly residents who have difficulty in swallowing and are therefore at risk of aspiration.

   Computer Program — utilization of computers and special software by disabled residents requiring augmentative and alternative communication systems.
9. Extended Treatment Units — supported by a full range of services (e.g. Laboratory, Respiratory, etc.) providing specialized programs for Respiratory and other specific needs groups.

Therapy Services in Personal Care Homes

In most personal care homes, physiotherapy and occupational therapy services are provided by Community Therapy Services Inc., an agency funded by the Manitoba Health Services Commission and Manitoba Health. In addition to its personal care home program, the agency provides therapy services to rural hospitals and to Home Care clients.

The goals of the Community Therapy Services Inc. personal care home program are based on the recognition that admission to a personal care home follows a decline in function and that there exists the risk of further decline from aging processes, acute conditions, exacerbations of chronic conditions and/or environmental and social losses. The goals of the therapists are to assist residents to achieve or maintain an optimal level of independence and occupational performance and to assist care team staff to incorporate rehabilitation principles into daily resident care.

Personal Care Home Drug Program

The Prescribing Guide for rational drug therapy in the elderly, was implemented in 1986/87 in all personal care homes. It has been instrumental in reducing overall drug usage in the personal care homes and in reducing drug costs. The second edition of this guide will be printed in the fall of 1990. The Prescribing Guide Committee meets quarterly to consider requests for additions to or deletions from the Guide.

The agreement between the Commission and the Manitoba Society of Professional Pharmacists provides for the reimbursement of the cost of the drug plus a capitation fee which was $24.40 per resident per month in 1989/90.

A newsletter has been introduced to provide information on specific drugs and specific areas of drug therapy. The newsletter is distributed to personal care homes and to doctors and pharmacists practicing in personal care homes.

Adult Day Care Program

Provincial policy for Adult Day Care was originally developed in 1979. The need for Adult Day Care was recognized as a means of providing for recreational, social and peer group interaction which cannot be provided in a person's home through other resources of the provincial Home Care Program. Adult Day Care is a resource to the Continuing Care Program, as another service which supports community living. The primary objective is to strengthen the individual's ability to function within their own home by preventing physical and mental deterioration which so often results from social isolation and loneliness. Most programs are sponsored by and located in personal care homes, with the exception of eight programs which are free standing.

Adult day care programs provide the following:

- programmed recreation and socialization
- co-ordination and/or provision of transportation
- nutritious meals and snacks
- availability at least two days/week and 4-6 hours/day
- use of volunteers in the delivery and enrichment of the program.

In some instances certain other supports may be required. These may include assistance with ambulation and toileting, orientation, etc. The provision of other services offered by the sponsor will be determined by the nature and extent of the sponsor's resources and the identified needs and interests of the individual client.

The recreation and socialization components are individualized and goal directed. As the target group is, by definition, withdrawn from the mainstream of society, programs are geared to re-engaging the participant in activities and relationships necessary for a meaningful living.

In 1989/90, total provincial capacity was 55,629 participant days in 52 programs; in 1989/90 the Adult Day Care Program cost $1,430,300, an increase of 3.5 percent over 1988/89.

Respite Care Program

The Respite Care Program began in 1980. It offers periods of planned relief to families caring for dependent relatives by providing short-term admissions to personal care homes. This program is restricted to personal care homes choosing to participate.

At March 31, 1990 there were 36 personal care home sponsors, 19 in Winnipeg and 17 in rural Manitoba. In 1989/90, 534 people used respite beds in 893 separate admissions for a total of 13,193 days of care.

Emergency Health and Ambulance Services Division

The Emergency Health and Ambulance Services Division includes emergency health services and patient transport services such as the Northern Patient Transportation Program (NPTP) and the Lifeflight Air Ambulance Service.

Emergency Health Services

The role of emergency health services is to plan and coordinate responses to provincial health emergencies such as major accidents or natural disasters. Key components of the Emergency Health Services (EHS) program include planning and coordinating the provincial health response to major emergencies or disasters. Allocating disaster medical supplies and assisting in the coordination of transportation for medical evacuees under extreme circumstances are also the responsibility of the Emergency Health Services program.

Emergency Health Services assists provincial acute care and long term care facilities in developing written plans to cope with local internal and external disasters either natural or man made. Mock disaster exercises are organized to ensure the disaster plans' feasibility. Six disaster exercises were conducted in 1989/90.

Emergency Health Services, in cooperation with the Emergency Measures Organization and Fire Commissioner's Office, facilitated several "Emergency Planning for Facilities" courses in 1989/90 attended by some 100 health facility staff from around the province. EHS also works closely with other provincial emergency health officials when active assistance is required such as occurred following the 1989 Dryden air crash in Ontario.

Land Ambulance Services Program

Under the Land Ambulance Services Program are two ambulance grant programs, one of which is the per capita grant assistance program to subsidize municipal governments' ambulance services. The municipal per capita grant, totalling $2.3 million in 1989/90, may be applied towards subsidizing operating costs or purchasing ambulance vehicles and equipment. One hundred and eighty-five municipalities and towns and 19 local government districts participate in ambulance programs.

On March 23, 1989 the Minister of Health announced a new, additional provincial ground ambulance funding program based on a more equitable funding formula. $1.9 million was provided for 1989, with additional funding of $950,000 to be allocated for both 1990 and 1991. These funds are paid directly to provincial ambulance services and assist with operational and capital costs. The new direct ambulance grant will enable ambulance services to develop the most appropriate operations for the areas served, contributing as needed to more advanced training, and more up-to-date equipment or vehicles.

In 1989/90, some 2,000 licensed drivers or driver/attendants operated 127 ambulances in 89 ambulance services throughout the province. They responded to 65,337 calls throughout the province in 1989/90.

All ambulance services and all drivers and driver/attendants are licensed by the Commission. Ambulance vehicles and equipment are inspected annually to ensure compliance with provincial standards. The majority of drivers and driver/attendants are community volunteers, except in Winnipeg, Brandon, Thompson, Selkirk and Flin Flon, which have full-time staff. Ashern, Portage la Prairie, Neepawa, Swan River and The Pas each have full-time private services.

The Manitoba training program for ambulance personnel has now certified 2,075 people at the First Responder level of which 1,500 are active. This First Responder program was developed and coordinated by Commission staff and delivered throughout the province by 116 certified volunteer instructors. The Commission also assisted in training 60 First Responders through the University of Winnipeg and 400 Winnipeg Fire Department First Responders.

The Commission has trained eight Emergency Medical Attendant I Instructors and certified 74 of the more advanced EMA I providers who function in Selkirk, Brandon, Flin Flon, Pine Falls, Pinawa and Winkler. Winnipeg has 100 EMA's I trained by the City in a program recognized by the province. Seminars are held as required to update and recertify the large instructor network. A Casualty Simulation Program is also offered by the province. The Casualty Simulation Program trains individuals to make up mock patients with lifelike injuries for disaster exercises.

An Ambulance Coordinators Conference was held in Winnipeg with over 100 ambulance coordinators and local ambulance committee members in attendance. This conference, to be held annually, provides administrative and management direction and training.

Ambulance service training undergoes an ongoing review by a Commission Ambulance Services Medical Advisory Committee composed of rural and urban physicians, nurses and ambulance personnel. Specific performance criteria are established to guide ambulance care providers in critical care situations. The Ambulance Services Administrative Advisory Committee reviews and advises on administrative policy matters. It includes rural, urban and allied interest group ambulance service administrative representation.

The 1989/90 operating cost of this program was $5,021,000 as compared to planned expenditures of

$5,416,000. The operating cost represents a 19.6 percent increase over the previous year.

Lifeflight Air Ambulance Service

Lifeflight provides safe aeromedical transportation for seriously ill and injured Manitoba residents from rural and northern Manitoba to referral centres in Winnipeg. During 1989/90 Lifeflight transported 717 patients.

The Manitoba Air Ambulance Program serves all areas of the province and all Manitoba residents are potentially eligible. The primary role is to provide safe, long distance interfacility transport of the seriously ill and injured within the province. The addition of Emergency and ICU physician specialists for in-province aeromedical transport advice and escort has extended this medical expertise available in Winnipeg to rural Manitoba. A suitable aircraft is also provided for transportation of eligible residents to health care facilities outside of the province to obtain care unavailable in Manitoba.

Evaluations of the Air Ambulance Service by the communities served have confirmed that the service is accessible 24 hours per day. Communications between Air Ambulance staff and the referring facilities and ambulance services was satisfactory. The communities who use the service on a regular basis consider it essential.

Many positive comments regarding the efficiency and quality of the service have been received. The addition of 24 hour physician services is considered to be a significant improvement as it allows the expert care required by the critically ill patient to be delivered, and reduces the drain on limited community resources.

The Medical Director of the Air Ambulance Program monitors the quality of medical care being delivered. The Ambulance Services Medical Advisory Committee reviews medical protocols, training and service issues. The Ambulance Services Administrative Advisory Committee is consulted on administrative matters. The Aeromedical Transport Advisory Committee was formed in early 1990 to review and advise the Commission regarding aeromedical transport in Manitoba, including the Air Ambulance Program. Nursing care standards are evaluated by the Air Ambulance Supervisor through chart audit procedures.

Lifeflight is staffed by six specially trained flight nurses with experience in critical care and emergency nursing. These nurses also have extra training which includes altitude physiology and the effects of flight on patients, Advanced Cardiac Life Support Certification, ground school and aircraft safety, restricted radio operator's licence, survival skills and ambulance skills training.

The dedicated air ambulance aircraft is a Cessna Citation SII jet which is specially equipped for emergency patient care. Some 47 communities with suitable airfields throughout the province are potentially accessible to the service, depending on weather conditions. The aircraft is operated by the Manitoba Government Air Division. Ten jet pilots with northern flying experience, aeromedical training, and Basic Cardiac Life Support Certification provide the required dual pilot coverage 24 hours a day.

The 1989/90 operating cost of the Air Ambulance Program was $2,643,000, and $1,170,000 for aircraft leasing costs. The planned expenditures for the year were $3,838,000. The operating cost represents a 31.3 percent increase over the previous year.

Northern Patient Transportation Program

The Northern Patient Transportation Program pays ground or air transportation costs for emergency and urgent hospital-to-hospital transfers as well as transportation costs for certain elective cases. To be eligible, northern patients must require medical transportation from within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg
- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Under this program emergency and urgent hospital-to-hospital transportation is administered by the Commission, while transportation for elective hospital and medical treatment is administered by five regional authorities at Churchill, Flin Flon, The Pas, Thompson and Winnipeg.

Some specific benefits of this service include:

- return transportation for patients transferred from hospitals in northern Manitoba to any other hospital in the province
- return transportation for persons requiring elective hospital and other medical treatment which is not available at their place of residence
- return transportation for a patient's escort who may be a doctor, nurse, patient or other authorized person
- escort's reasonable overnight room and board expenses.

In 1989/90, the total program cost was $2,817,000 as compared to planned expenditures of $2,984,000. During this period 14,172 transportation warrants were processed. The program cost represents a 2.7 percent increase over the previous year.

Construction Programming Division

The Construction Programming Division is responsible for carrying out the Commission's legislated mandate to plan, organize and develop a balanced and integrated system of health facilities (hospitals, personal care homes and clinics), commensurate with the need of the residents of the province.

The Construction Programming Division consists of three sections:

1) Planning & Programming

2) Construction

3) Capital Finance

The Planning & Programming section is responsible for establishing the parameters of the construction project such as the number of beds, the types of programs, and the volumes of service. Staff in this section work with the health facility sponsors during this early phase before proceeding to design.

The Construction section is staffed with professionals in engineering, architecture, and construction management. They monitor and review the design and construction activities for new construction, major renovation, and extraordinary and preventive maintenance.

The Capital Finance section is responsible for budgets, scheduling and approval of construction funding, establishing interim and long-term financing and ensuring the orderly repayment of capital debt. The section also audits construction projects.

During 1989/90, 14 major construction projects and 35 life safety upgrade and minor health facility regeneration projects were completed at a total cost of $35,079,997. The major projects included:

- a new multipurpose facility at Erickson
- a reconstructed hospital at Gillam
- an upgrade of the outpatient department at the Morden Hospital
- a new 80 bed personal care home in Gimli
- an addition to the St. Rose Personal Care Home
- renovations to the Tache Nursing Centre
- the last phase of the Deer Lodge Hospital redevelopment
- the Fire Safety Upgrading Project, renovations to the Women's Hospital outpatient department and the Children's Hospital and the installation of a lithotriptor, at the Health Sciences Centre
- a new Computer Services building and renovations in radiology and the C4 ward area at the St. Boniface Hospital.

Construction was started during the year on 21 major projects at a total budgeted cost of $92,698,000. These included:

- upgrading emergency power, ambulatory care decant, upgrading and equipping operating rooms, radiology renovations, Ambulatory Care Phase II, building service upgrade, and program related renovations, at the Health Sciences Centre
- a facility upgrade and a program renovation project at the St. Boniface Hospital
- second phase of the redevelopment of the Misericordia Hospital
- replacement of the time expired facility at Klinic
- an addition to expand and upgrade the Fred Douglas Lodge in Winnipeg
- a dietary addition at the Sharon Home in Winnipeg
- various renovations to the Brandon General Hospital
- construction of new hospitals at Vita and Virden
- a new personal care home at Pine Falls
- a new multi-use combined hospital and personal care home at Manitou and at Benito
- upgrading projects at the Eastview Lodge in Neepawa and at the Foyer Notre Dame

Administration Division

The Administration Division is responsible for the financial and administrative services of the Commission. The Division has two sections — the Comptroller's Office and the Administrative Services Section.

The Comptroller's Office is responsible for general accounting, control of assets, budgetary planning, monitoring expenditures for health programs and reporting on expenditures to program managers, senior staff and government in accordance with Commission and Government of Manitoba policies. The Comptroller's Office is responsible for the Financial Summary on pages 72 to 77.

The Administrative Services Section provides a central administrative support service to the Commission including office services, physical plant services, a centralized purchasing service and library services.

The Commission's administrative costs in 1989/90 were $19.5 million, an increase of 4.8 percent over 1988/89; planned expenditures were $20.0 million. The administrative costs represented 1.4 percent of the total expenditure.

Human Resources Programs Section

The role of the Human Resources Programs Section is to provide effective and efficient human resource management programs and services which conform to government policy, legislation and collective agreements, and to support departmental goals and objectives.

At March 31, 1990, the Commission employed 742 people, compared to 722 on March 31, 1989, including 56 job-sharing employees in 28 positions.

During 1989/90, the Manitoba Health Services Commission provided work experience for 10 individuals enrolled in various business skills and secretarial programs. These students received training in the Human Resources Programs Section and the Urban Health Facilities, Insurance and Construction Programming Divisions. Subsequently two people were employed, one in a term and one in a regular position. Arrangements were also made, through the Volunteers in Government Program, for one person to obtain research/analysis experience during a 4-month period in the Human Resources Programs Section.

Sixty-four University of Manitoba fourth year medical students attended six educational seminars at the Commission. Senior staff, representing various Commission divisions, participated in the two hour sessions consisting of presentations, a question and answer period, and a tour of the Commission. These meetings provided students with an overview of the Commission's organization, functions and programs. The Faculty of Medicine, at whose request the seminars were initiated several years ago, considers these seminars an important component of the university students' education.

Two physicians, enrolled in the Faculty of Medicine's Community Medicine Residency Program, spent three weeks at the Commission studying its operations.

In the summer of 1989, the Commission employed 17 students through the Student Temporary Employment Program. One student was employed in pharmacy, 13 in laboratory and three in other health related projects.

Affirmative Action

Over the past year, there has been a steady increase in the representation of Native, disabled and visible minority target groups within the Manitoba Health Services Commission. Currently, Natives represent 3.6 percent, visible minorities 5.6 percent, and disabled, 3.6 percent of Commission employees. Long term goals in entry level positions are being maintained and liaison continues with agencies representing the target groups.

The Manitoba Guidelines to provide access to government publications, public meetings and hearings, and government services including sign and oral interpretation were communicated to staff. Internal procedures were developed to ensure service is provided to the disabled public.

Career development opportunities for clerical and secretarial staff continue to be implemented through job rotation, acting status, special assignments and training.

Health Information Systems Division

The Health Information Systems Division is responsible for providing systems and related services to satisfy the information requirements of the Manitoba Health Services Commission and Manitoba Health. The Division is comprised of the following four sections to carry out this mandate: Computer Services, Systems and Procedures, Management Information, and Integrated Health Systems.

Computer Services

The Computer Services section provides information systems and related support services to all divisions of the Commission and Manitoba Health. This includes Cadham Provincial Laboratory as well as regional operations, central program directorates and administrative offices of Manitoba Health. The section also provides consulting services to management on computer related matters. During 1989/90, Computer Services staff:

- provided support to over 30 computerized systems within the Commission and Manitoba Health, including the processing of all claims insured under the Manitoba Health Insurance Plan
- continued support of existing and new personal computer installations to facilitate end-user computing and office automation within Manitoba Health and the Commission
- completed new computerized information systems or major enhancements to:
  - — Manitoba Support Services Payroll System
  - — Cadham Laboratory Systems — enhanced electronic results reporting to Laboratory and X-ray Units
  - — Electronic Funds Transfer System (E.F.T.) for participating physicians, optometrists, chiropractors, facilities, and dentists for payment of claims.
- continued development of new computerized information systems including:
  - — Cadham Laboratory Systems — Serology
  - — Mental Health Management Information System
  - — Cervical Screening Program
  - — Medical Supplies and Home Care Equipment System.
- facilitated a systems requirements study for a Management Information System for the Continuing Care Program.

The ongoing expansion of computer telecommunications within Manitoba Health as well as the enhancement of data exchange between the Commission and health facilities and health providers continued to be an important thrust during the year. The volume of medical claims submitted via electronic media increased during 1989/90 as a result of cooperative work with interested physicians.

Systems and Procedures

The Systems and Procedures section provides analytical services to all divisions of the Commission and Manitoba Health. The section is responsible for analyzing, documenting, recommending, and implementing changes to existing systems and procedures to facilitate administrative processes in the delivery of health programs, and to ensure that manual and automated procedures in these programs are properly integrated. As well this section conducts studies, develops, implements, and monitors new systems. It is also responsible for the Commission's forms management program and prepares forms, brochures, and manuals for internal and external use. This activity includes the preparation of public information brochures on the Commission programs, and administrative procedure manuals for internal use, as well as user manuals for service providers. The Commission's legislative proposals and amendments to Acts and Regulations are coordinated by this section. Section staff also assist in the administration of The Freedom of Information Act as the Central Coordinator. All applications under The Freedom of Information Act are received, logged, distributed to the appropriate division and answered by Systems and Procedures. This section also deals with the Ombudsman's office and the departmental solicitor during any investigation of complaints under The Freedom of Information Act.

Management Information

The Management Information section compiles and circulates statistical information on health service utilization. This information is derived from data bases which are maintained for major health programs.

The section reviews and evaluates the process of accumulating population and health statistics to maximize their relevancy to the growing demand for information by the Commission, Manitoba Health, other provincial government departments, health facilities, provincial and federal governments, the Manitoba Medical Association, the College of Physicians and Surgeons of Manitoba, and health researchers. The section publishes an annual statistical report and is responsible for the statistical portion of this annual report. The section also prepares a quarterly statistical bulletin for Manitoba Health and the statistical portion of its annual report.

Integrated Health Systems

The Integrated Health Systems section is responsible for administering the health information components

of the Unisys Initiative. This initiative, entered into by the Manitoba Government on September 26, 1986, is a four year Strategic Investment Agreement with Unisys for $30 million in computer hardware, software and services. This investment brings new information processing technology to Manitoba's health care system while creating new opportunities for the growth of computer technology industries in Manitoba.

Under the terms of the agreement, Unisys was to invest approximately $33 million in Manitoba. In turn, Manitoba was to purchase equipment, software and services valued at up to $13 million by December 31, 1987, $9 million in 1988 and $8 million in 1989, bringing Manitoba's total investment to $30 million by December 31, 1989.

A management committee was established, as required by the Agreement, with representation from the Departments of Health, and Industry, Trade and Tourism, and the Unisys Corporation.

As of December 31, 1989:

- Manitoba has fulfilled its commitments to purchase $30 million of Unisys equipment, software, and services.
- Unisys continues to fulfill its commitments to Manitoba. Unisys has established a Health Care Service Centre, employing 52 staff to develop and maintain health care software specifically designed for Manitoba and Canada.
- Manitoba Data Services has acquired a Unisys A-12 mainframe computer. Part of this computer's capacity is being utilized by the Unisys Health Care Service Centre. In addition, Brandon General Hospital, Grace General Hospital, and The Pas Health Complex have implemented the Unisys Patient Registration, Admission, Transfer, Discharge, and Medical Record Abstract systems. Thompson General Hospital and the Dauphin General Hospital plan to implement these systems in 1990.
- The Manitoba Health Organization Data Centre has been upgraded to a Unisys A-10H mainframe computer. The Seven Oaks General Hospital has implemented a Material Management system on the M.H.O. computer, and The Pas Health Complex is implementing this system in 1990.
- Brandon General Hospital is implementing systems for Dietary and Radiology.
- Misericordia General Hospital has acquired a Unisys A-5 mainframe computer and a network of Unisys personal computers. The Hospital has implemented the Unisys Patient Registration, Admission, Transfer, Discharge system, Laboratory System, word processing, and spread sheet capabilities. Dietary, Health Record Abstracting, Order Entry/Results Reporting, and Pharmacy are in the process of implementation.
- St. Boniface General Hospital has acquired a Unisys A-12 mainframe computer and has implemented Patient Registration, Admission, Transfer, Discharge, Laboratory, Dietary, Medical Record Chart Management, General Ledger/Accounts Payable, Surgery Scheduling, Inventory/Purchasing, Pharmacy, and Order Entry/Results Reporting systems. Future systems will include Human Resources and Medical Records information.
- All Provincial Laboratory and X-ray Units have been equipped with Unisys microcomputers and are utilizing Electronic Messaging to report laboratory results.
- Many rural health facilities have installed microcomputers for word processing, spread sheet management and an interface with Manitoba Health Organization's mainframe financial systems.

Research and Planning Directorate

The Research and Planning Directorate, established in 1982, consolidates research and planning for Manitoba Health and the Manitoba Health Services Commission. The Directorate:

- Represented Manitoba Health on the Federal/Provincial Advisory Committee on Health Human Resources (ACHHR). This is an advisory committee to the Conference of Deputy Ministers of Health on issues related to health occupations.
- Chairs and provides staff support to the Working Group on the Establishment of a National Physician Data Base, which reports to the Federal/Provincial Advisory Committee on Health Human Resources (ACHHR). This group is responsible for the development of a national physician data base which will permit interprovincial comparisons of physician supply, distribution and practice patterns. The first report from the data base was made to the spring, 1990 Conference of Deputy Ministers of Health.
- Reviewed and provided relevance ratings for Manitoba's grant submissions to Health and Welfare's National Health Research Development Program. The Directorate also served on the Federal/Provincial/Territorial Health Care Management Committee and on the scientific review committee.
- Represents Manitoba Health on the National Health Information Council.
- Reviewed provincial obstetric and neonatal utilization patterns and completed a national survey of Canadian teaching hospitals' early discharge programs.
- Provided staff support to the Review of Rehabilitation Services undertaken by Dr. William MacDiarmid. This ministerial review was established to review and make recommendations on the issues of unequal access to rehabilitation services, especially in rural Manitoba, the shortage of qualified professionals (including physiotherapists, occupational therapists, speech therapists and audiologists), and, how to improve service delivery. The review was completed in July 1989.
- Administers a grant to the HEALTHLINE telephone tape library operated by Luther Home. The HEALTHLINE tape selections may be found in the Winnipeg and Manitoba telephone directories. During 1989/90, the HEALTHLINE tape library was expanded with several French tapes which had been frequently in demand by the public. Daily use of HEALTHLINE continues at over 70 calls per day from the public.
- Serves on the Teaching Hospitals Cost Review Task Force and provides a liaison function between the Task Force and the consulting firm.
- Completed the evaluation of geriatric day hospitals.
- Chairs the Steering Committee established by the Deputy Minister of Health to develop a nursing advertising campaign to promote nursing as a profession for purposes of recruitment.
- Represented Manitoba Health on the Brandon General Hospital Peer Review Committee. The report was completed and forwarded to the Minister of Health in December 1989.
- Continued the evaluation of the Seven Oaks General Hospital/Community Health Psychogeriatric Program. The report will be completed early in 1990.
- Provides baseline and current data related to health occupations for senior department officials. Develops recommendations for policy, programs and positions relative to health occupation requirements and supply conditions. Produces status reports on interprovincial and Federal/Provincial health occupation topics.
- Monitors nursing vacancy rates in cooperation with the Manitoba Health Services Commission, the Manitoba Association of Registered Nurses and Manitoba Education.
- Represented Manitoba Health on the Faculty Postgraduate Medical Education Committee (University of Manitoba).
- Acts as a resource to the Standing Committee on Medical Manpower (SCOMM) and attends quarterly meetings.
- Served on the Manitoba Health Research Council and two scientific review committees.
- Acts as Manitoba Health Departmental Contact for Treasury Board's Regulatory Reform Initiatives.
- Served on the Steering Committee of the demonstration project "Shortened Hospital Stay for Low Birth Weight Infants."
- During 1989/90 fifteen health care demonstration projects, previously funded a total of $1.7 million, were underway. Each project included an evaluation component and was designed to demonstrate the efficacy of substituting ambulatory procedures for inpatient procedures. Each project was administered by a health care facility or established agency. These demonstration projects included:
  - — Centralized Day Surgery Unit
  - — Community-Based Crisis Management Service for Mentally Ill Adults
  - — Review of Diagnostic Services
  - — Urinary Incontinence Program
  - — Provincial Home Parenteral Nutrition Program

- Analysis of the Necessity of Sputum Cytological Examination
- Palliative Care Supports
- Immigrant/Refugee Health Outreach
- Cost Containment in Adult Medical Intensive Care Units
- Occupational Therapy Transitional Care
- Discharge Planning Model
- Admission and Discharge Program
- Analysis of Provincial Hospital Separation Abstracts using Diagnostic Related Groups
- Shortened Hospital Stay for Low Birth Weight Infants
- Psychoeducational Program for Families of Schizophrenics.

All projects provided progress reporting during 1989/90. Documentation of outcomes is required as each demonstration project concludes. All projects are scheduled to conclude by September 1990. Project findings and recommendations will be released during 1990/91.

Health Advisory Network

During 1989/90 the Health Advisory Network initiated examination of several health care topics of concern to the Minister of Health. This ministerial Advisory Committee investigated many topics of health care organization, administration and financing in Manitoba.

The Health Advisory Network Steering Committee, chaired by Dr. Arnold Naimark, established eight task forces during 1989/90 to undertake such examinations and consult with those affected in the community. During 1989/90 three Health Advisory Network Newsletters were published to describe each task force's objectives and activities.

The eight task forces underway include:

1. Teaching Hospitals' Cost Review
2. Winnipeg Hospitals Role Definition
3. Extended Treatment Bed Review
4. Rural Health Services
5. Northern Health Services
6. Health Services for the Elderly
7. Health Promotion
8. Health Services Information System

Task forces and the Steering Committee will continue to seek input from the community during their deliberations. Additional Health Advisory Newsletters will be published during 1990/91.

As of January 3, 1990 the Research and Planning Directorate was renamed the Policy and Planning Secretariat and now reports directly to the Deputy Minister of Health.

Statistical Section

Introduction

The number and cost of Manitoba's insured health services are documented in this section. The registered population is included to illustrate rates of utilization for Manitoba residents. Calculations of the number and cost of medical services and patient days per 1,000 population allow comparison with similar data from other provinces.

Population

M.H.S.C. Health Regions Map illustrates regional boundaries within Manitoba. Effective April 1, 1989 Commission and Manitoba Health regional boundaries are identical. For the Commission, this resulted in the creation of Thompson region out of Norman and the distribution of unorganized territories to their respective regions plus several minor adjustments, affecting other rural regions — Central, Eastman, Interlake, Parkland and Westman. Therefore, historical comparisons of regional data prior to 1989/90 are not possible.

Table 1 is an analysis of the population of Manitoba by health region, by sex and by age group. The population data are based on the Commission's records of residents registered with the plan.

Figures 1 and 2 based on Table 1 illustrate the percentage distribution of the population by health region and by age group respectively.

Expenditures

Table 2A records health services expenditures by program, during the five-year period April 1985 to March 1990. Overall costs for insured benefits illustrate cumulative increases for existing and new programs.

Table 2B is an index of health services expenditures by program for the years 1985/86 to 1989/90, considering 1985/86 as the base year for all the programs except Air Ambulance Program for which the base year is 1986/87.

Figure 3 illustrates the health services expenditure index for the years 1985/86 to 1989/90 for four major programs (Hospital Services, Medical Services, Personal Care Home Services, and Pharmacare Program) and for total expenditures.

Per Capita Costs

Figures 4A to 4D illustrate per capita costs for total insured health, hospital, medical, and personal care home services, for 1985/86 to 1989/90.

Hospitals

Manitoba Hospitals Map illustrates the geographic location and size of all Manitoba acute and extended treatment hospitals.

Table 3 documents the distribution of hospital and personal care home beds according to location by health region. It does not reflect the actual use of beds by residents in their own or other regions.

Figure 5 illustrates hospital days per 1,000 population by region of residence for 1988/89 and 1989/90.

Table 4 documents the distribution of hospital cases and days for adults and children (excluding newborns) according to broad diagnostic categories. Basically the same diagnostic categories are used in Table 9 which documents medical utilization. These two tables provide an overview of hospital and medical claims by diagnostic category.

Table 5 documents the rated bed capacity and net Commission payments to each Manitoba hospital by hospital category and bed size, and related health facilities, during 1988/89 and 1989/90.

Personal Care Homes

Manitoba Personal Care Homes Map illustrates the geographic location and size of personal care homes outside of Winnipeg.

Table 6 portrays the number, percentage distribution, and rate per 1,000 population of personal care home residents by age group, sex, and level of care, as at April 1, 1990.

Figure 6 illustrates the number of personal care home residents per 1,000 population by age group and sex, as at April 1, 1990.

Table 7 documents the rated bed capacity and net Commission payments to each Manitoba personal care home by health region during 1988/89 and 1989/90.

Health Practitioners

Table 8 illustrates the distribution of health practitioners according to location by health region, based on Commission payment over $40,000. The actual utilization of practitioners' services is not reflected in the ratio of population per practitioner.

Medical Services

Figure 7 illustrates the medical services per capita cost by health region of residence for 1988/89 and 1989/90.

Table 9 documents the distribution of medical services and costs according to broad diagnostic categories (similar to Table 4 for hospital cases and days).

Figure 8 compares medical services per capita costs by age group and sex for 1989/90. The significantly higher cost shown for females in the age group 15-34 reflects service costs related to childbearing.

Table 10 compares the average cost per patient by type of practice from 1985/86 to 1989/90.

Table 11 shows the distribution of costs according to type of medical services and the percentage distribution for 1988/89 and 1989/90.

Average and Median Payments

Table 12A shows the number of medical practitioners with Commission payment over $40,000, and the average and median payments by type of practice, for 1988/89 and 1989/90. Reference to the table's footnotes is important for correct interpretation.

Table 12B gives the average and median payments by specialty of practice for 1988/89 and 1989/90 where each type of practice has as its threshold 1/2 the mean of Commission payments to all physicians of the bloc. Such a methodology provides an estimate of the number of full-time physicians per bloc.

Table 13 shows the number of oral, dental, and periodontal surgeons, optometrists, and chiropractors with Commission payments over $40,000, and the average and median payments, for 1988/89 and 1989/90.

Table 14 illustrates the distribution and cost of medical and other health practitioner services by type of practice, for 1988/89 and 1989/90.

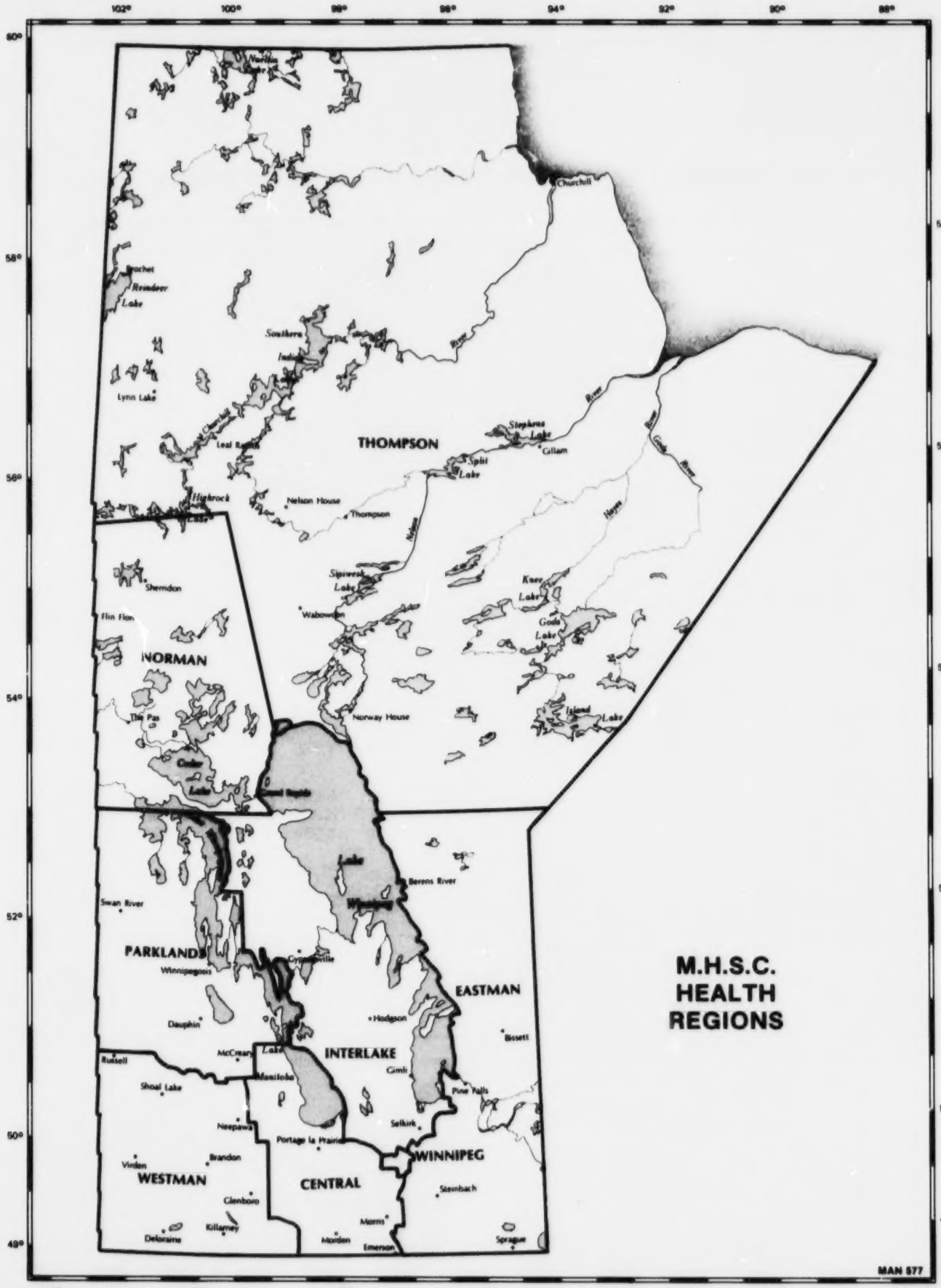

THOMPSON
NORMAN
PARKLANDS
EASTMAN
INTERLAKE
WINNIPEG
CENTRAL
WESTMAN
M.H.S.C.
HEALTH
REGIONS
MAN 577

Table 1

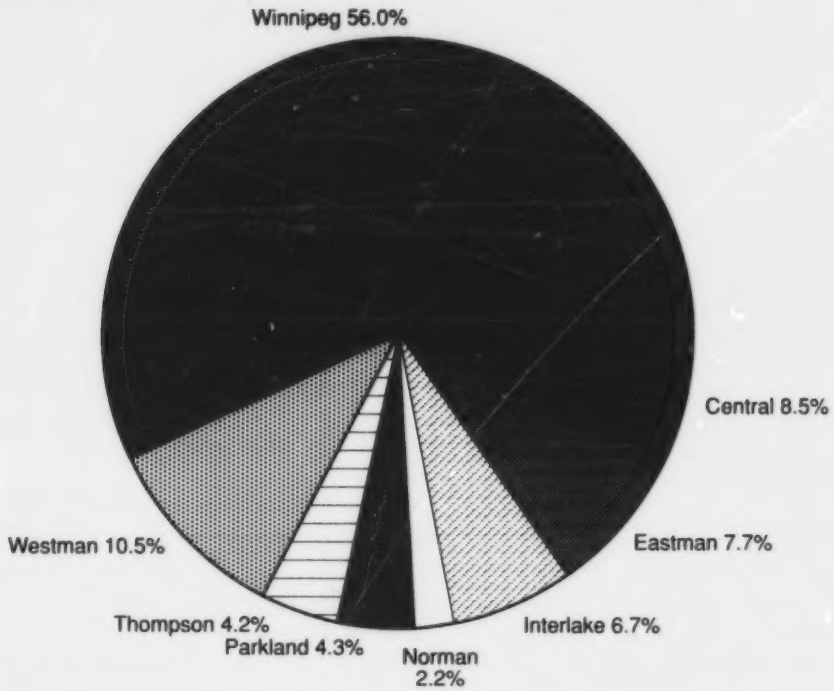
Manitoba Population by Health Region[1], Sex, and Age Group,

June 1, 1989

Health Region/Sex	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Central									
Male	12,682	7,539	7,606	6,068	4,282	3,810	3,399	2,434	47,820
Female	12,042	7,070	7,391	5,753	4,203	3,978	3,928	3,400	47,765
Sub-Total	24,724	14,609	14,997	11,821	8,485	7,788	7,327	5,834	95,585
Eastman									
Male	12,000	7,140	7,343	6,154	4,137	3,408	2,600	1,599	44,381
Female	11,438	6,589	6,984	5,836	3,853	3,131	2,641	1,920	42,392
Sub-Total	23,438	13,729	14,327	11,990	7,990	6,539	5,241	3,519	86,773
Interlake									
Male	9,075	6,153	5,879	5,522	3,886	3,377	2,766	1,608	38,266
Female	8,434	5,535	5,780	5,272	3,670	3,307	2,854	2,042	36,894
Sub-Total	17,509	11,688	11,659	10,794	7,556	6,684	5,620	3,650	75,160
Norman									
Male	3,452	2,218	2,462	1,858	1,099	874	524	344	12,831
Female	3,369	2,161	2,265	1,586	1,050	766	594	428	12,219
Sub-Total	6,821	4,379	4,727	3,444	2,149	1,640	1,118	772	25,050
Parkland									
Male	5,589	3,642	3,263	3,038	2,368	2,408	2,371	1,686	24,365
Female	5,231	3,247	3,099	2,850	2,226	2,420	2,478	2,171	23,722
Sub-Total	10,820	6,889	6,362	5,888	4,594	4,828	4,849	3,857	48,087
Thompson									
Male	8,687	5,137	4,167	3,065	1,970	985	427	238	24,676
Female	8,153	4,816	4,081	2,842	1,613	780	411	239	22,935
Sub-Total	16,840	9,953	8,248	5,907	3,583	1,765	838	477	47,611
Westman									
Male	13,376	8,534	9,352	7,658	5,399	5,654	5,030	3,737	58,740
Female	12,644	8,119	9,138	7,472	5,609	5,705	5,928	5,412	60,027
Sub-Total	26,020	16,653	18,490	15,130	11,008	11,359	10,958	9,149	118,767
Winnipeg									
Male	63,542	48,336	60,719	47,060	30,301	26,172	19,946	11,681	307,757
Female	60,653	48,578	59,663	47,862	30,924	29,057	26,783	21,500	325,020
Sub-Total	124,195	96,914	120,382	94,922	61,225	55,229	46,729	33,181	632,777
Manitoba									
Male	128,403	88,699	100,791	80,423	53,442	46,688	37,063	23,327	558,836
Female	121,964	86,115	98,401	79,473	53,148	49,144	45,617	37,112	570,974
Total	250,367	174,814	199,192	159,896	106,590	95,832	82,680	60,439	1,129,810

(1) Regional boundaries revised effective April 1, 1989. See Introduction to Statistical Section.

Figure 1
Percentage Distribution of Population by Health Region(1),
June 1, 1989.



(1) Regional boundaries revised effective April 1, 1989. See Introduction to Statistical Section.

Figure 2
Percentage Distribution of Population by Age Group,
June 1, 1989.

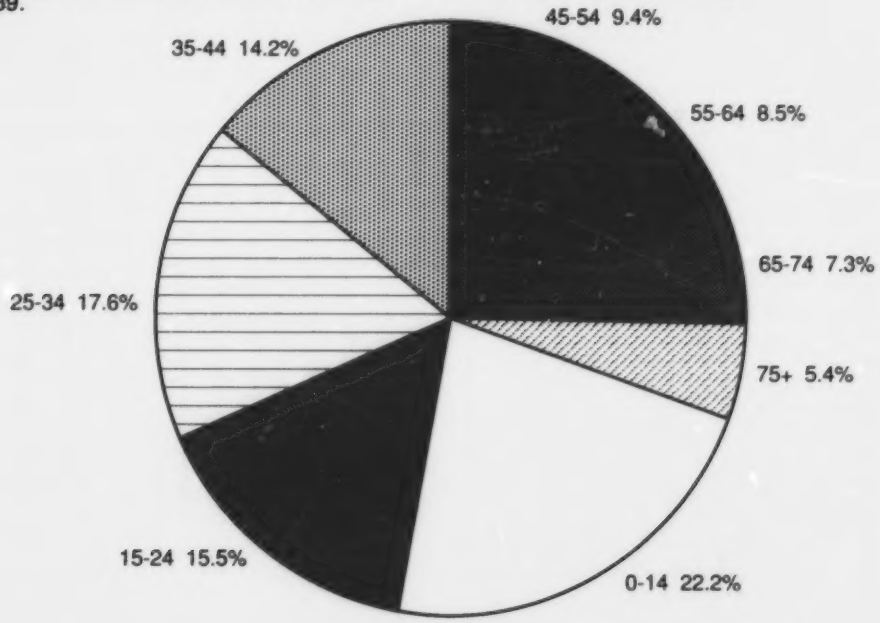


Table 2A

Manitoba Health Services Commission Expenditures,

1985/86 to 1989/90.

Services	1985/86		1986/87		1987/88		1988/89		1989/90	
	Staff Years	$000	Staff Years	$000	Staff Years	$000	Staff Years	$000	Staff Years	$000
Hospital Services (1)(11)	305.26	623,646	311.26	682,220	311.26	735,073	311.26	788,766	311.26	838,769
Medical Services (2)(10)		202,138		212,192(4)		226,084(5)(6)		229,235(6)(7)		248,077(6)(9)
Personal Care Home Services (10)		151,982		155,887		169,093		189,733		197,743
Pharmacare Program (10)		27,617		29,136		37,428		40,390		44,558
Northern Patient Transportation (10)		2,728		2,554		2,773		2,744		2,817
Ambulance Program (10)		2,045		2,137		2,310		4,199		5,021
Air Ambulance Program	8.00	1,627(8)	8.00	2,340	7.00	2,742	7.00	3,104	7.00	3,813
Other Health Services (3)(10)		14,816		15,637		16,660		17,827		18,405
M.H.S.C. Administration	388.26	14,538	394.00	15,579	405.00	17,556	405.00	18,595	405.00	19,502
Total	**702.00**	**1,041,137**	**713.26**	**1,117,682**(4)	**723.26**	**1,209,719**(5)(6)	**723.26**	**1,294,593**(6)(7)	**723.26**	**1,378,705**(6)(9)

(1) Includes services in public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Includes medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, as well as Oral, Dental, and Periodontal Surgery.

(3) Includes Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a 5.56% overall increase in the schedule of fees during 1986/87.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialities resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(6) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(7) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialities resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(8) Initial start-up expenditures and partial year operating costs.

(9) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(10) Staff years and salaries relating to the program are included in Administration.

(11) Staff years shown relate to Commission staff only. Staff employed by health care facilities funded by the Commission are not included.

Table 2B

Manitoba Health Services Commission Expenditure Index,

1985/86 to 1989/90

Services	1985/86	1986/87	1987/88	1988/89	1989/90
Hospital Services (1)	100.0	109.4	117.9	126.5	134.5
Medical Services (2)	100.0	105.0 (4)	111.8 (5)(6)	113.4 (6)(7)	122.7 (6)(9)
Personal Care Home Services	100.0	102.6	111.3	124.8	130.1
Pharmacare Program	100.0	105.5	135.5	146.3	161.3
Northern Patient Transportation	100.0	93.6	101.6	100.6	103.3
Ambulance Program	100.0	104.5	113.0	205.3	245.5
Air Ambulance Program	— (8)	100.0	117.2	132.6	162.9
Other Health Services (3)	100.0	105.5	112.4	120.3	124.2
M.H.S.C. Administration	100.0	107.2	120.8	127.9	134.1
Total	**100.0**	**107.4** (4)	**116.2** (5)(6)	**124.3** (6)(7)	**132.4** (6)(9)

(1) Includes services in public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Includes medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, as well as Oral, Dental, and Periodontal Surgery.

(3) Includes Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a 5.56% overall increase in the schedule of fees during 1986/87.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialities resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(6) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(7) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialities resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(8) Not applicable.

(9) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

Figure 3

Manitoba Health Services Commission Expenditure Index for Major Programs,

1985/86 to 1989/90

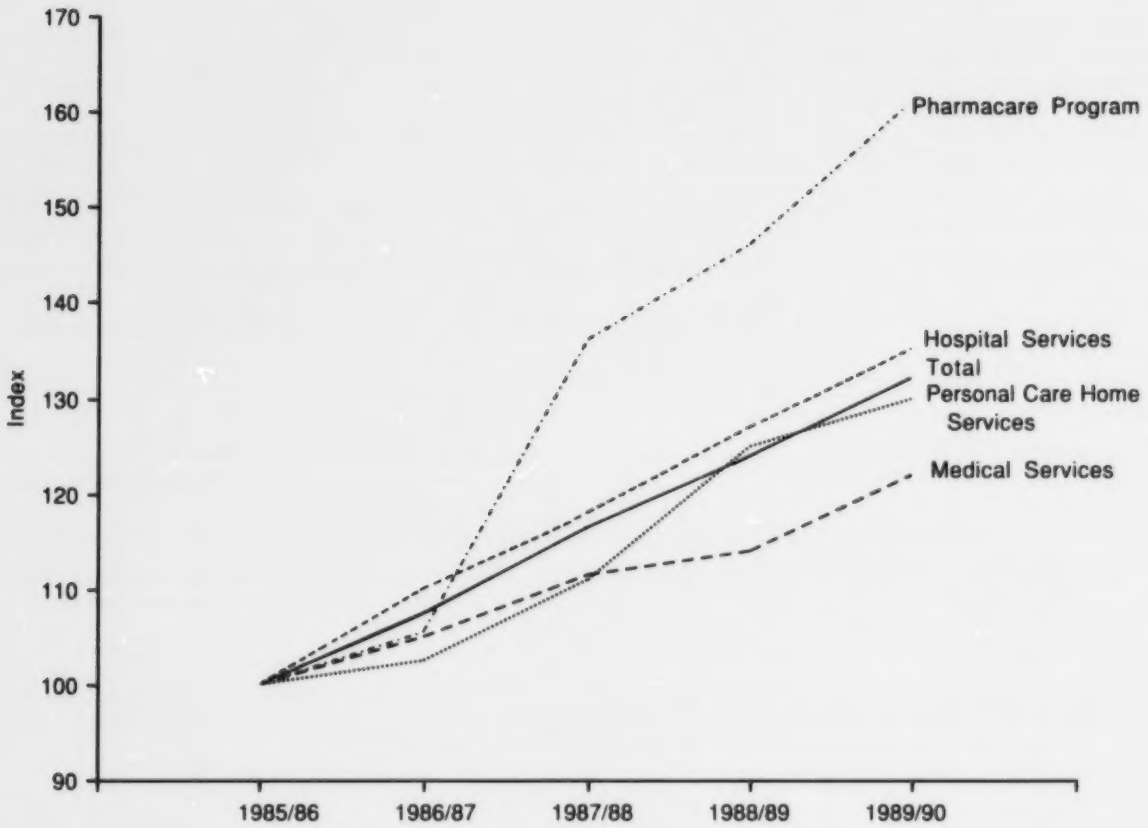


Figure 4A

Insured Health Services per Capita Costs,

1985/86 to 1989/90.

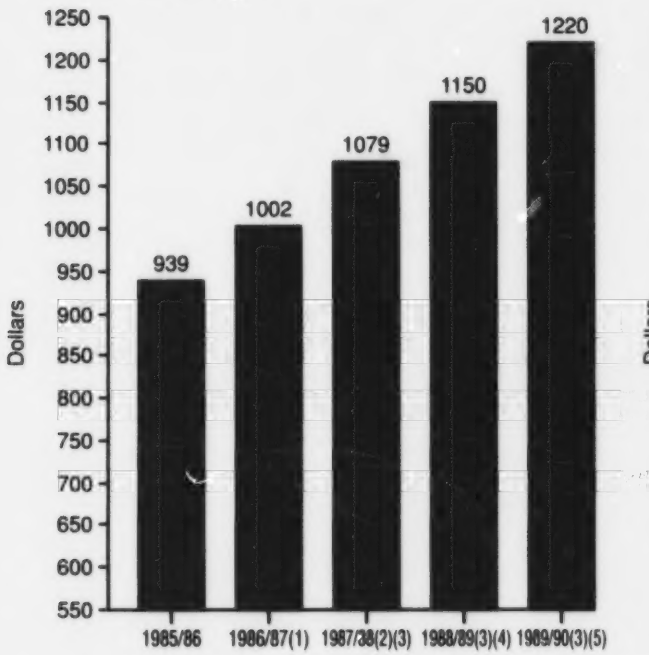
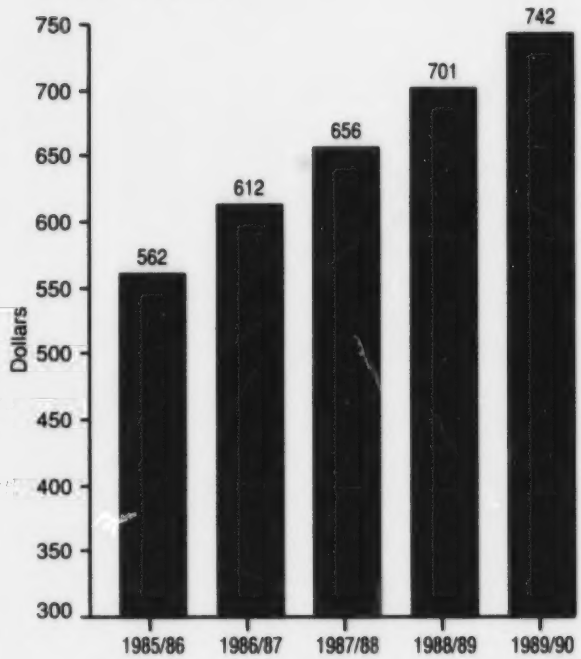


Figure 4B

Insured Hospital Services per Capita Costs,

1985/86 to 1989/90.



(1) Includes a 5.56% overall increase in the schedule of fees for medical services during 1986/87.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(3) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(4) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(5) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

Figure 4C

Insured Medical(1) Services per Capita Costs,

1985/86 to 1989/90.

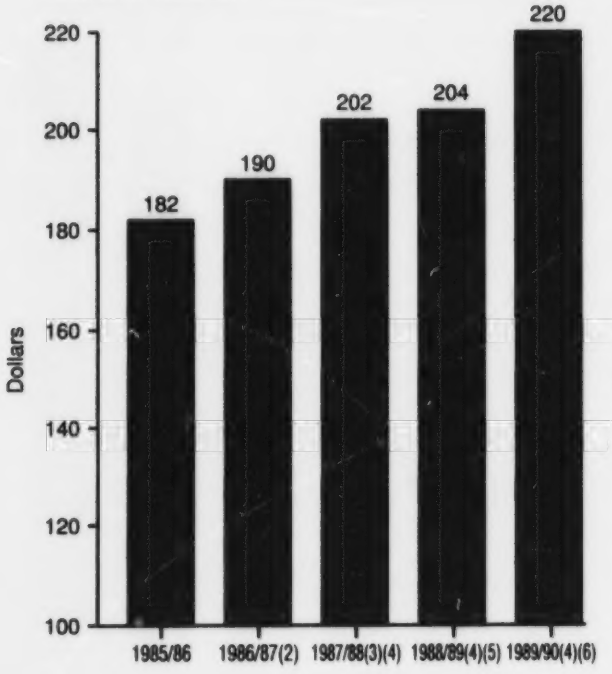
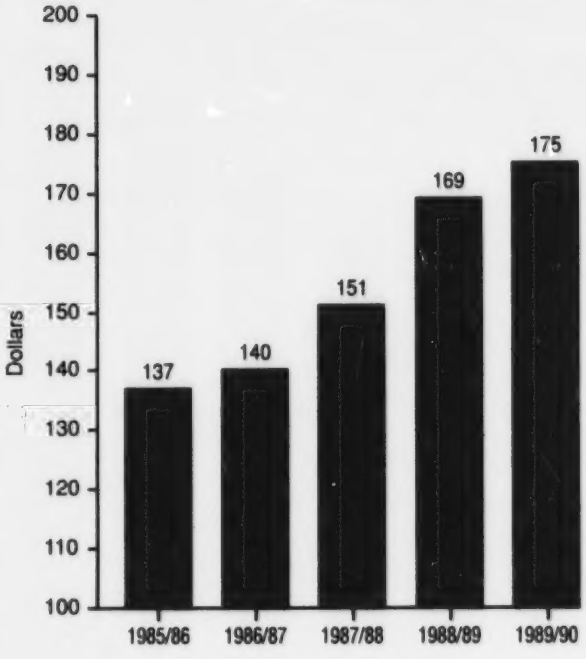


Figure 4D

Insured Personal Care Home Services per Capita Costs,

1985/86 to 1989/90.



(1) Includes Medical Services, Oral, Dental, and Periodontal Surgery.

(2) Includes a 5.56% overall increase in the schedule of fees for medical services during 1986/87.

(3) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(4) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(6) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

MANITOBA
HOSPITALS
ACUTE & EXTENDED
TREATMENT BY FACILITY SIZE
MARCH 1990
Legend
under 16 beds
16 – 30 beds
31 – 60 beds
61 – 125 beds
over 125 beds
WINNIPEG ENLARGEMENT
Seven Oaks
Health Sciences Centre
Concordia
St. Boniface
Victoria
Churchill
Lac Brochet
Brochet
Lynn Lake
Leaf Rapids
South Indian Lake
Stephens Lake
Gillam
Split Lake
Shamattawa
Hydrock Lake
Nelson House
Thompson
Snow Lake
Flin Flon
Spirwood Lake
Oxford House
Knee Lake
Gods Lake
Gods Lake
Red Sucker Lake
Wasagamack
Garden Hill
St. Theresa Point
Cross Lake
Norway House
The Pas
Nelson River
Berens River
Swan River
Little Grand Rapids
Bloodvein River
Winnipegosis
Gypsumville
Ashern
Hodgson
Dauphin
Grandview
Ste. Rose du Lac
Erickdale
Arborg
McCreary
Boissevain
Birtle
Shoal Lake
Brickton
Glenella
Pine Falls
Treherne
Minnedosa
Gladstone
Neepawa
Stonewall
Selkirk
Plumas
Hamiota
Rivers
Virden
MacGregor
Portage la Prairie
Brandon
Carberry
Beausejour
Whitemouth
WINNIPEG
St. Claude
Ste. Anne
Souris
Hartney
Wawanesa
Treherne
Notre Dame de Lourdes
Carman
Glenboro
Swan Lake
Morris
St. Pierre-Jolys
Melita
Rolder
Crystal City
Winkler
Morden
Altona
Vita
Killarney
Deloraine
Carberry
Cartography by: Surveys and Mapping Branch, Manitoba
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MAH 577A

Table 3

Population, Health Facility Beds, and Rates Per 1,000 Population by Health Region (1), 1989/90.

Health Region	Population (2)	Active Treatment		Extended Treatment		Personal Care Home	
		Number (3)	Rate	Number (3)	Rate	Number (3)	Rate
Central	95,585	418	4.4	50	0.5	734	7.7
Eastman	86,773	212	2.4	20	0.2	433	5.0
Interlake	75,160	213	2.8	—	—	504	6.7
Norman	25,050	192	7.7	—	—	130	5.2
Parkland	48,087	324	6.7	39	0.8	424	8.8
Thompson	47,611	233	4.9	—	—	26	0.5
Westman	118,767	760	6.4	102	0.9	1,509	12.7
Winnipeg	632,777	3,168	5.0 (4)	686	1.1 (4)	4,591	7.3
Manitoba	**1,129,810**	**5,520**	**4.9**	**897**	**0.8**	**8,351**	**7.4**

(1) Regional boundaries revised effective April 1, 1989. See Introduction to Statistical Section.

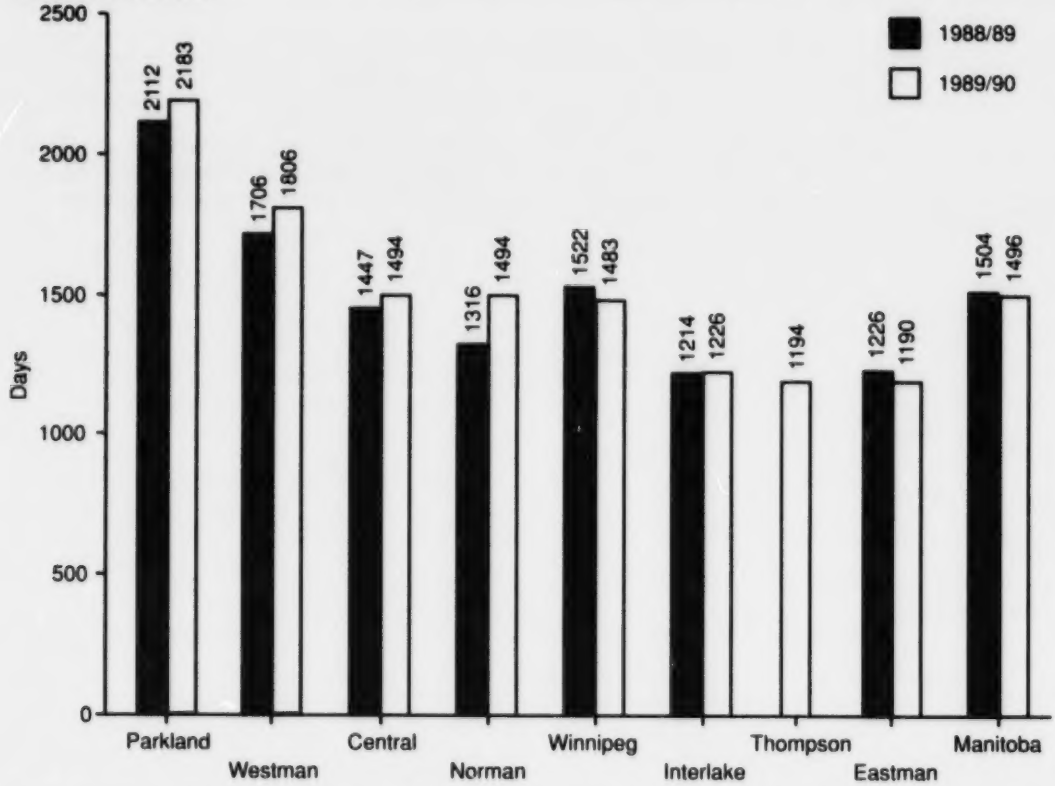
(2) M.H.S.C. registered population as of June 1, 1989.

(3) Based on rated capacity as at March 31, 1990.

(4) Active and extended treatment beds for Winnipeg residents, accounting for 79.9% of separated days, were 4.8 per 1,000 population. The remaining beds, accounting for 20.1% of separated days, were used by rural residents and non-residents of the province.

Figure 5

In-Patient Hospital Days per 1,000 Population by Health Region (1), 1988/89 to 1989/90.



(1) Regional boundaries revised effective April 1, 1989. See Introduction to Statistical Section.

Table 4

Hospital Utilization and Rates per 1,000 Population(1) by Diagnostic Category (Newborns Excluded), 1989/90.

Diagnostic Category (2)	In-Patient Cases	Patient Days	Length of Stay (Days)	% of Total		Rates	
				In-Patient Cases	Patient Days	In-Patient Cases	Patient Days
Infectious and Parasitic Diseases	1,913	18,403	9.6	1.2	1.1	2	16
Neoplasms	10,258	169,072	16.5	6.6	10.0	9	150
Endocrine, Nutritional, and Metabolic Diseases	2,860	37,356	13.1	1.8	2.2	3	33
Diseases of Blood and Blood Forming Organs	1,013	9,052	8.9	0.7	0.5	1	8
Mental Disorders	6,404	192,656	30.1	4.1	11.4	6	171
Diseases of the Nervous System and Sense Organs	5,735	112,941	19.7	3.7	6.7	5	100
Diseases of the Circulatory System	17,804	284,819	16.0	11.4	16.8	16	252
Diseases of the Respiratory System	16,737	129,100	7.7	10.8	7.6	15	114
Diseases of the Digestive System	17,286	130,445	7.5	11.1	7.7	15	115
Diseases of the Genitourinary System	9,796	67,152	6.9	6.3	4.0	9	59
Pregnancy, Childbirth, and the Puerperium	25,731	90,691	3.5	16.5	5.4	23	80
Diseases of the Skin and Subcutaneous Tissue	2,085	18,763	9.0	1.3	1.1	2	17
Diseases of the Musculoskeletal System	6,876	74,600	10.8	4.4	4.4	6	66
Congenital Anomalies	92€	6,808	7.4	0.6	0.4	1	6
Conditions Originating in the Perinatal Period	450	3,413	7.6	0.3	0.2	—	3
Symptoms, Signs, and Ill-Defined Conditions	8,959	56,289	6.3	5.8	3.3	8	50
Injury and Poisoning	13,306	179,876	13.5	8.5	10.6	12	159
Factors Influencing Health Status (3)	7,497	109,142	14.6	4.8	6.5	7	97
Total	**155,636**	**1,690,578**	**10.9**	**100.0**	**100.0**	**138**	**1,496**

(1) M.H.S.C. registered population as of June 1, 1989.

(2) ICD-9-CM.

(3) Factors Influencing Health Status and Contact with Health Services.

Table 5

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1988/89 and 1989/90.

Hospital Name	Rated Bed Capacity (1)		Net M.H.S.C. Payments	
	1988/89	1989/90	1988/89 $	1989/90 $
Active Treatment-Public General:				
15 Beds and Under:				
Benito	9	9	477,528	517,632
Boissevain	12	12	956,208	954,000
Cartwright	10	10	510,216	545,058
Elkhorn	8	8	408,720	448,680
Emerson	12	12	616,206	670,992
Erickson	14	12	701,472	862,076
Gillam	5	10	1,286,280	1,422,504
Glenboro	14	14	878,304	912,672
Hartney	9	9	482,472	498,144
Leaf Rapids	8	8	692,592	718,248
MacGregor — North Norfolk	6	6	430,296	436,224
Manitou — Pembina	14	14	658,776	644,088
McCreary — Alonsa	13	13	705,648	735,580
Melita-Wilson Memorial	11	11	811,455	833,928
Notre Dame	10	10	684,432	741,788
Rossburn	10	10	601,440	661,997
St. Claude	12	12	746,448	765,096
Snow Lake	4	4	596,088	603,528
Vita	11	11	705,480	723,984
Wawanesa	9	9	630,624	670,272
Whitemouth	6	6	716,430	760,733
Sub-Total	**207**	**210**	**14,297,115**	**15,127,224**
16-30 Beds:				
Arborg	16	16	1,331,208	1,353,094
Ashern — Lakeshore	16	16	924,384	939,816
Baldur	16	16	771,576	785,928
Beausejour	30	30	1,655,784	1,758,000
Birtle	19	19	1,135,973	1,151,160
Carberry — Fox Memorial	29	29	1,233,716	1,276,248
Carman	30	30	2,395,536	2,464,176
Crystal City — Rock Lake	16	16	1,032,409	1,048,353
Deloraine — South West Health District	18	18	1,111,080	1,185,504
Eriksdale — E.M. Crowe Memorial	17	17	861,840	883,440
Gladstone — Seven Regions	20	20	1,577,064	1,628,256
Grandview	18	18	1,654,171	1,805,191
Hamiota	21	21	1,460,832	1,522,920
Killarney — Tri Lake H.C.	26	26	1,722,512	1,792,632
Lynn Lake	25	25	1,279,320	1,327,416
Pinawa	17	17	940,374	978,917
Reston	17	17	859,296	889,320
Rivers — Riverdale	16	16	897,840	946,632
Roblin	25	25	1,467,936	1,503,192
Ste. Anne	21	21	1,750,632	1,888,512
St. Pierre — Desalaberry	19	16	992,446	1,019,208

Table 5 (Continued)

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1988/89 and 1989/90.

Hospital Name	Rated Bed Capacity (1)		Net M.H.S.C. Payments	
	1988/89	1989/90	1988/89 $	1989/90 $
Shoal Lake — Strathclair	23	23	1,098,600	1,152,785
Souris	30	30	1,991,649	2,045,400
Stonewall — Dr. Evelyn Memorial	18	18	1,090,296	1,126,992
Swan Lake — Lorne Memorial	22	22	1,360,200	1,392,058
Teulon — Hunter Memorial	20	20	1,556,071	1,585,272
Treherne — Tiger Hills Health District	18	18	1,069,032	1,108,080
Winnipegosis	18	18	1,002,432	1,052,470
Sub-Total	**581**	**578**	**36,224,209**	**37,610,972**
31-60 Beds:				
Altona	32	32	1,658,824	1,732,744
Churchill Health Centre	31	31	3,023,021	3,327,013
Gimli — Johnson Memorial	35	35	2,046,329	2,278,643
Minnedosa	35	35	1,903,008	1,954,872
Morden	48	48	4,703,256	5,080,718
Morris	39	33	1,900,404	1,976,455
Neepawa	38	38	2,487,504	2,653,080
Pine Falls	35	35	2,968,854	3,132,605
Russell	38	38	1,867,272	1,933,404
Steinbach — Bethesda	60	60	5,849,160	6,136,440
Virden	32	32	1,667,880	1,767,288
Winkler — Bethel	57	57	3,783,632	3,895,104
Sub-Total	**480**	**474**	**33,859,144**	**35,868,366**
61-125 Beds:				
Dauphin	105	105	12,037,104	12,607,050
Flin Flon	100	100	5,409,558	5,613,554
Portage	104	104	8,002,416	8,339,928
Ste. Rose	68	68	3,407,640	3,590,424
Selkirk	75	75	8,200,632	8,505,591
Swan River	68	68	5,785,992	5,940,696
The Pas — St. Anthony's	84	84	8,739,819	8,887,320
Thompson	100	100	9,658,327	10,036,416
Sub-Total	**704**	**704**	**61,241,488**	**63,520,979**
Over 125 Beds:				
Brandon	279	291	35,178,312	37,310,496
Concordia	136	136	16,983,624	18,322,800
Grace-Salvation Army	301	301	35,386,223	37,940,616
Health Sciences Centre	1,113	1,113	220,492,543	237,958,230
Misericordia	409	409	41,979,912	45,112,154
St. Boniface	617	617	128,090,616	139,344,958
Seven Oaks	326	326	37,721,208	39,527,304
Victoria	246	246	29,845,704	31,885,320
Sub-Total	**3,427**	**3,439**	**545,678,142**	**587,401,878**
Total Public General Hospitals	**5,399**	**5,405**	**691,300,098**	**739,529,419**

Table 5 (Continued)

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1988/89 and 1989/90.

Hospital Name	Rated Bed Capacity (1)		Net M.H.S.C. Payments	
	1988/89	1989/90	1988/89 $	1989/90 $
Specialty Hospitals:				
Rehabilitation Centre for Children	20	20	1,861,992	1,940,592
Total Specialty Hospitals	**20**	**20**	**1,861,992**	**1,940,592**
Federal Hospitals:				
Hodgson — P.E. Moore	16	16	682,522	816,560
Norway House	16	16	701,208	641,951
Berens River, N.S.	6	6	12,017	6,301
Bloodvein, N.S.	2	2	2,058	2,659
Brochet, N.S.	3	3	5,056	1,982
Cross Lake, N.S.	4	4	30,907	21,996
Garden Hill, N.S.	3	3	10,068	5,178
God's Lake, N.S.	4	4	16,054	622
Lac Brochet, N.S.	2	2	4,557	9,424
Little Grand Rapids, N.S.	4	4	4,551	3,693
Nelson House, N.S.	4	4	12,640	11,520
Oxford House, N.S.	3	3	10,410	13,154
Poplar River, N.S.	4	4	5,615	3,761
Pukatawagan, N.S.	4	4	15,267	4,725
Red Sucker Lake, N.S.	2	2	1,813	1,895
Ste. Theresa, N.S.	3	3	9,696	15,369
Shamatawa, N.S.	4	4	13,072	7,438
South Indian Lake, N.S.	6	6	8,618	6,281
Split Lake, N.S.	4	4	7,884	3,025
Wassagamack, N.S.	1	1	3,701	5,824
Sub-Total	**95**	**95**	**1,557,714**	**1,583,358**
Total Active Treatment Hospitals	**5,514**	**5,520**	**694,719,804**	**743,053,369**

Table 5 (Continued)

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1988/89 and 1989/90.

Hospital Name	Rated Bed Capacity (1)		Net M.H.S.C. Payments	
	1988/89	1989/90	1988/89 $	1989/90 $
Extended Treatment Hospitals:				
Brandon — Assiniboine	122	102	— (2)	— (2)
Dauphin	20	20	— (2)	— (2)
Deer Lodge Centre	106	120	— (3)	— (3)
Grace — Salvation Army — Psychiatric	20	20	— (2)	— (2)
Manitoba Adolescent Treatment Centre	25	25	3,751,104	3,984,384
Morden	23	23	— (2)	— (2)
Portage	27	27	— (2)	— (2)
St. Boniface	184	184	— (2)	— (2)
Steinbach — Bethesda	20	20	— (2)	— (2)
Swan River	19	19	— (2)	— (2)
Winnipeg Municipal	337	337	25,354,008	26,316,216
Total Extended Treatment Hospitals	**903**	**897**	**29,105,112**	**30,300,600**
Total Hospitals	**6,417**	**6,417**	**723,824,916**	**773,353,969**
Community Health Centres and Clinics:				
Churchill Health Centre	—	—	682,200	758,256
Deloraine — South West Health District	—	—	446,403	729,432
Fisher Medical Centre	—	—	166,344	211,416
Gilbert Plains	—	—	99,960	103,080
Gillam — Sundance	—	—	583,584	612,672
Gypsumville Clinic	—	—	32,874	31,392
Hamiota Health Centre	—	—	745,176	821,928
Health Action Centre	—	—	1,011,504	914,208
Hope Centre	—	—	232,968	242,352
Klinic	—	—	1,647,104	1,703,208
Lac du Bonnet Health Centre	—	—	388,350	402,984
Leaf Rapids Health Centre	—	—	760,488	815,712
Lynn Lake Medical Clinic	—	—	187,182	302,112
Mount Carmel Clinic	—	—	2,434,771	2,512,188
Nor'West Co-operative Health and Social Services Centre Inc.	—	—	427,168	518,702
Notre Dame Medical Nursing Unit	—	—	104,016	259,608
Occupational Health Centre	—	—	417,712	416,112
Riverton	—	—	16,992	18,120
Seven Regions Health Centre	—	—	359,904	371,520
Shoal Lake — Strathclair Health Centre	—	—	—	126,729
University of Manitoba-Northern Medical Unit	—	—	1,245,576	2,142,942
Village Clinic	—	—	304,636	319,200
Vita	—	—	98,688	104,568
Women's Health Centre	—	—	684,032	687,230
Total	**—**	**—**	**13,077,632**	**15,125,671**

Table 5 (Continued)

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1988/89 and 1989/90.

Hospital Name	Rated Bed Capacity (1)		Net M.H.S.C. Payments	
	1988/89	1989/90	1988/89 $	1989/90 $
Other Health Facilities:				
Eden Mental Health Centre	— (4)	— (4)	2,999,295	3,447,528
Manitoba Cancer Treatment and Research Foundation	—	—	8,386,627	9,250,914
Manitoba Cardiac Institute	—	—	294,600	307,496
Camp Shilo	—	—	21,261	26,523
Westman Laboratory	—	—	5,835,961	5,927,455
Red Cross Blood Transfusion	—	—	8,379,819	8,999,943
Cadham Provincial Laboratory	—	—	6,100,090	6,892,900
Out-of-Province	—	—	18,164,528	15,614,805
Unisys	—	—	5,043,260	6,442,003
The Winnipeg Plasma Laboratory	—	—	—	1,555,795
Total	**—**	**—**	**55,225,441**	**58,465,362**
Grand Total — All Facilities	**6,417**	**6,417**	**792,127,989** (5)	**846,945,002** (5)

(1) As of March 31.

(2) Payments included in amounts shown for active treatment hospitals.

(3) Payments included in amounts shown for personal care home beds noted on page 61.

(4) The Eden Mental Health Centre has a rated bed capacity of 40. These are not included in the Commission's figures.

(5) The difference between net Commission payments and Hospital expenditures per Table 2 is attributable to the inclusion of costs for non-residents which were subsequently recovered from other provinces and territories, year end accruals, and other adjustments.

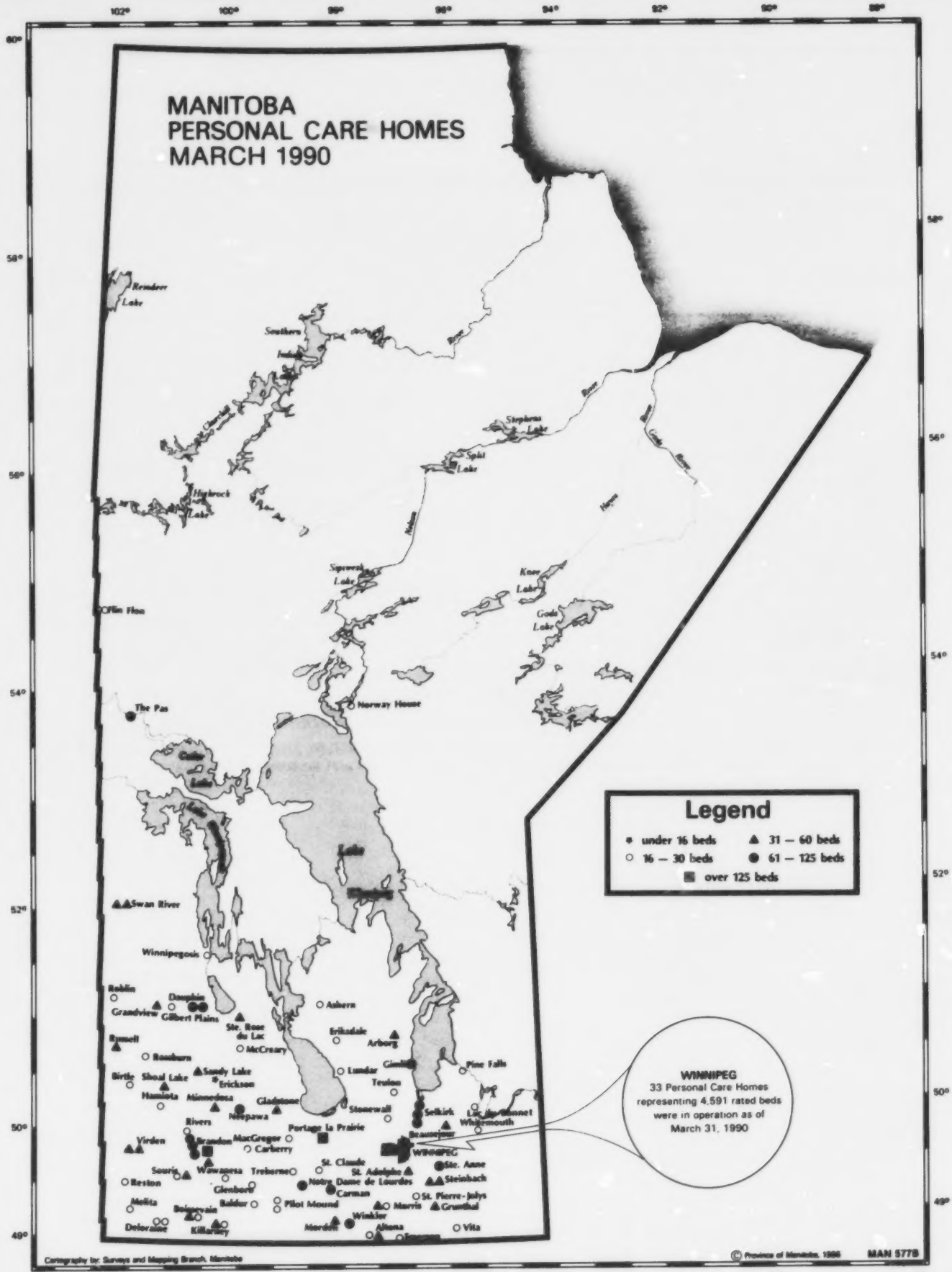

MANITOBA
PERSONAL CARE HOMES
MARCH 1990
Legend
under 16 beds
16 – 30 beds
31 – 60 beds
61 – 125 beds
over 125 beds
WINNIPEG
33 Personal Care Homes representing 4,591 rated beds were in operation as of March 31, 1990
Cartography by: Surveys and Mapping Branch, Manitoba
© Province of Manitoba, 1990
MAN 5778

Table 6

Number, Percentage Distribution, and Rates per 1,000 Population of Personal Care Home Residents by Age Group, Sex, and Level of Care,

as at April 1, 1990.

Age Group	Sex	Level 1	Level 2	Level 3	Level 4	Total	Percent	Rate
Under 65	M	8	60	83	55	206	2.5	0.4
	F	4	48	55	83	190	2.3	0.4
65 - 69	M	4	62	65	30	161	2.0	7.8
	F	2	58	67	47	174	2.1	6.9
70 - 74	M	9	84	83	49	225	2.8	13.8
	F	13	118	120	86	337	4.1	16.5
75 - 79	M	18	126	150	118	412	5.1	34.1
	F	28	201	213	217	659	8.1	39.9
80 - 84	M	29	151	142	120	442	5.4	65.9
	F	51	386	413	349	1,199	14.7	108.4
85 +	M	64	343	327	215	949	11.7	208.8
	F	152	992	1004	1034	3,182	39.1	334.2
Totals	**M**	**132**	**826**	**850**	**587**	**2,395**		**4.3**
	F	**250**	**1,803**	**1,872**	**1,816**	**5,741**		**10.1**
	T	**382**	**2,629**	**2,722**	**2,403**	**8,136**		**7.2**
Percent	**M**	**1.6**	**10.2**	**10.4**	**7.2**		**29.4**	
	F	**3.1**	**22.2**	**23.0**	**22.3**		**70.6**	
	T	**4.7**	**32.3**	**33.5**	**29.5**		**100.0**	

Figure 6

Personal Care Home Residents per 1,000 Population by Age Group and Sex,

as at April 1, 1990.

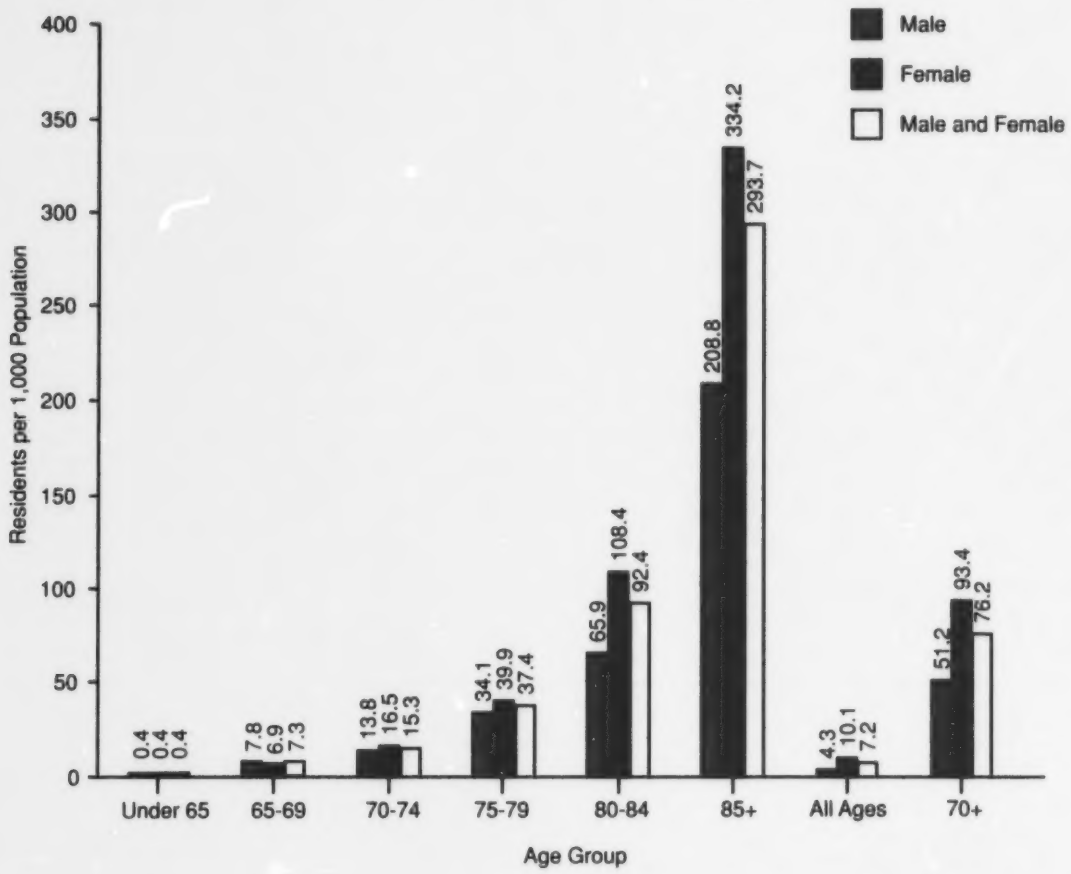


Table 7

Personal Care Home Rated Beds; Net M.H.S.C. Payments by Health Region,

1988/89 and 1989/90.

Personal Care Home Name	Rated Bed Capacity (1)		Net M.H.S.C. Payments	
	1988/89	1989/90	1988/89 $	1989/90 $
Central Region:				
Altona and District, Altona	25	25	616,464	641,952
Boyne Lodge, Carman	70	70	1,726,213	1,861,547
Foyer Notre Dame, Notre Dame de Lourdes	61	61	1,328,208	1,490,352
Holiday Retreat, Portage (closed July 1987)	—	—	105	—
Lions Prairie Manor, Portage	151	151	2,648,899	2,972,124
MacGregor P.C.H., MacGregor	20	20	487,944	512,832
Manoir de St. Claude Inc., St. Claude	18	18	526,416	540,288
Rosenort Eventide Home, Rosenort	26	26	269,709	285,404
Red River Valley Lodge, Emerson	20	20	455,664	504,192
Red River Valley Lodge, Morris	40	40	891,264	938,592
Salem Home, Winkler	125	125	3,577,430	3,940,046
Tabor Home, Morden	60	60	1,327,564	1,518,837
The Ebenezer Home, Altona	46	46	857,241	915,462
Third Crossing Manor, Gladstone	50	50	988,398	1,141,019
Tiger Hills Manor, Treherne	22	22	543,952	561,896
Sub-Total	**734**	**734**	**16,245,471**	**17,824,543**
Eastman Region:				
Bethesda, Steinbach	60	60	1,230,240	1,318,656
Eastgate Lodge, Beausejour	60	60	1,285,782	1,374,438
Lac du Bonnet District Health Centre, Lac du Bonnet	30	30	813,178	877,858
Manoir St. Pierre, St. Pierre Jolys	16	16	485,627	506,609
Menno Home for the Aged, Grunthal	40	40	749,255	827,790
Rest Haven, Steinbach	60	60	1,237,621	1,320,196
St. Adolphe N.H., St. Adolphe	42	42	826,465	852,948
Shevchenko Senior Citizens Home, Vita	30	30	626,517	654,236
Villa Youville, Ste. Anne	75	75	1,420,308	1,576,866
Whitemouth P.C.H., Whitemouth	20	20	674,295	725,636
Sub-Total	**433**	**433**	**9,349,288**	**10,035,233**
Interlake Region:				
Betel Home Foundation, Gimli	95	80	1,425,570	1,885,135
Betel Home Foundation, Selkirk	94	94	1,919,901	2,041,020
Goodwin Lodge, Teulon	20	20	573,558	589,848
Lakeshore District Health System, Ashern	20	20	528,075	554,229
Lakeshore District Health System, Eriksdale	20	20	501,498	541,667
Lakeshore District Health System, Lundar	20	20	635,446	658,159
Pioneer Health Services, Arborg	40	40	831,332	870,663

Table 7 (Continued)

Personal Care Home Rated Beds; Net M.H.S.C. Payments by Health Region,

1988/89 and 1989/90.

Personal Care Home Name	Rated Bed Capacity (1)		Net M.H.S.C. Payments	
	1988/89	1989/90	1988/89 $	1989/90 $
Red River Place, Selkirk	104	104	2,365,034	2,433,973
Rosewood Lodge, Stonewall	30	30	748,368	760,584
Tudor House, Selkirk	76	76	1,447,114	1,565,369
Sub-Total	**519**	**504**	**10,975,896**	**11,900,647**
Norman Region:				
Flin Flon P.C., Flin Flon	30	30	895,272	941,376
Northern Lights Manor, Flin Flon	30	30	426,154	418,632
St. Paul's Residence, The Pas	70	70	1,650,360	1,670,616
Sub-Total	**130**	**130**	**2,971,786**	**3,030,624**
Parkland Region:				
Dauphin P.C.H., Dauphin	65	65	2,116,872	2,249,904
Dr. Gendreau Memorial Home, Ste. Rose	40	40	864,419	1,015,766
Gilbert Plains Health Centre Inc., Gilbert Plains	30	30	1,057,370	1,099,142
Grandview P.C.H., Grandview	40	40	862,776	902,786
McCreary — Alonsa P.C.H., McCreary	20	20	488,892	515,725
St. Paul's Home, Dauphin	70	70	1,567,592	1,627,892
Roblin District P.C.H., Roblin	30	30	756,632	825,405
Swan River Valley Lodge, Swan River	50	49	474,408	522,817
Swan River Valley P.C.H., Swan River	60	60	1,249,248	1,321,632
Winnipegosis — Mossey River, Winnipegosis	20	20	564,936	586,512
Sub-Total	**425**	**424**	**10,003,145**	**10,667,581**
Thompson Region:				
Pinaow-Wachi, Norway House	26	26	138,901	174,472
Sub-Total	**26**	**26**	**138,901**	**174,472**
Westman Region:				
Baldur Manor P.C.H., Baldur	20	20	555,432	568,589
Bayside P.C.H., Killarney	30	30	838,902	860,607
Birch Lodge, Hamiota	30	30	746,147	786,933
Birtle P.C.H. Inc., Birtle	20	20	511,241	532,159
B.M.W. Health Facilities, Boissevain	20	20	555,578	588,633
Bren-Del-Win Lodge, Deloraine	30	30	611,311	672,808
Carberry P.C.H., Carberry	30	30	592,800	673,354
Central Park Lodge, Brandon	89	89	1,696,075	1,802,095
Delwynda Court, Deloraine	16	16	487,980	506,840
Eastview Lodge, Neepawa	125	125	2,210,326	2,636,315
Erickson and District P.C.H., Erickson (Opened Dec. 1989)	—	14	—	326,750
Fairview Home, Brandon	248	248	5,047,496	5,341,253
Glenboro P.C.H., Glenboro	20	20	491,970	508,440

Table 7 (Continued)

Personal Care Home Rated Beds; Net M.H.S.C. Payments by Health Region,

1988/89 and 1989/90.

Personal Care Home Name	Rated Bed Capacity (1)		Net M.H.S.C. Payments	
	1988/89	1989/90	1988/89 $	1989/90 $
Hillcrest Place, Brandon	100	100	1,977,725	2,026,223
International N.H., Brandon (Closed June 1989)	45	—	743,963	184,330
Lakeview Senior Citizens Home, Killarney	39	39	417,384	427,370
Melita and Area P.C.H., Melita	20	20	481,794	487,110
Minnedosa and District P.C.H., Minnedosa	50	50	1,121,448	1,187,520
Morley House, Shoal Lake	40	40	811,687	839,079
Prairie View Lodge, Pilot Mound	30	30	308,241	326,679
Rideau Park P.C.H., Brandon (Opened May 1988)	100	100	6,396,523 (2)	1,831,157
Riverdale P.C.H., Rivers	20	20	476,865	493,844
Rock Lake P.C.H., Pilot Mound	24	24	730,722	745,323
Rossburn P.C.H., Rossburn	20	20	588,266	622,581
Russell and District P.C.H., Russell	40	40	954,428	969,780
Sandy Lake Home, Sandy Lake	36	36	691,201	727,048
Souris District P.C.H., Souris	34	34	890,902	912,658
The Salvation Army Dinsdale, Brandon	60	60	1,369,214	1,436,021
The Sherwood, Virden	50	50	547,253	572,354
Victoria Park Lodge, Souris	20	20	387,634	366,007
Wawanesa P.C.H., Wawanesa	20	20	576,948	589,562
Westman N.H., Virden	50	50	1,016,328	1,060,881
Westview Lodge, Boissevain	44	44	472,334	521,007
Willowview Home, Reston	20	20	640,257	653,437
Sub-Total	**1,540**	**1,509**	**35,946,375**	**32,784,747**
Winnipeg Region:				
Beacon Hill Lodges Inc.	175	175	3,569,687	3,699,986
Bethania Mennonite P.C.H.	150	150	4,098,010	4,542,577
Central Park Lodge, Poseidon Bay	218	218	4,364,520	4,548,327
Central Park Lodge, Edmonton Street	277	277	5,335,167	5,618,368
Convalescent Home	84	84	1,626,207	1,705,269
Deer Lodge Centre	198	198	9,202,853 (3)	10,304,874 (3)
Donwood Manor	81	81	1,651,171	1,750,178
Fort Garry Care Centre	64	64	1,312,029	1,382,251
Foyer Valade	118	117	3,746,714	4,256,963
Fred Douglas Lodge	106	106	2,002,392	2,059,177
Golden Door Geriatric Centre	78	78	1,516,246	1,546,528
Golden West Centennial Lodge	91	91	1,179,384	1,386,624
Holiday Haven N.H.	155	155	3,074,873	3,216,169
Holy Family N.H.	284	284	6,461,735	6,749,394
Kiwanis Centre for the Deaf	22	22	592,644	615,237
Lions Manor	135	135	1,019,641	1,167,058
Luther Home	80	80	1,651,432	1,801,785
Manitoba Oddfellows Home	43	43	422,361	496,501
Maples P.C.H. Limited	200	200	4,394,893	4,663,350

Table 7 (Continued)

Personal Care Home Rated Beds; Net M.H.S.C. Payments by Health Region,

1988/89 and 1989/90.

Personal Care Home Name	Rated Bed Capacity (1)		Net M.H.S.C. Payments	
	1988/89	1989/90	1988/89 $	1989/90 $
Meadowood Manor	90	90	1,604,188	1,799,340
Metro Kiwanis Courts	47	47	399,088	347,667
The Middlechurch Home	197	197	4,219,773	4,557,650
Oakview Place	245	245	4,706,287	4,896,304
Oddfellows and Rebekahs P.C.H. Inc.	90	90	1,894,189	2,016,309
Park Manor P.C.H.	100	100	2,135,273	2,337,864
Rolmar Investments Inc.	86	86	1,804,216	1,869,454
St. Joseph's Residence	100	100	2,152,782	2,312,410
St. Norbert N.H.	91	91	1,928,385	1,978,157
The Sharon N.H.	208	208	3,878,771	4,205,245
Tache Nursing Centre	320	318	8,765,160	9,142,288
Tuxedo Villa	211	211	3,976,820	4,083,432
Vista Park Lodge	100	100	2,190,448	2,268,238
West Park Manor	150	150	2,744,770	3,007,378
Sub-Total	**4,594**	**4,591**	**99,622,109**	**106,332,352**
Total Personal Care Homes	**8,401**	**8,351**	**185,252,971 (4)**	**192,750,199 (4)**
Sanatorium Board of Manitoba-Community Therapy Service	**—**	**—**	**1,589,429**	**1,771,536**
Grand Total All Facilities	**8,401**	**8,351**	**186,842,400**	**194,521,735**

(1) As at March 31.

(2) Includes a non-recurring capital payment of $4,743,300.

(3) Includes payments to the 120 bed extended treatment hospital noted on page 54.

(4) The difference between Commission payments and Personal Care Home expenditures per Table 2 represents year end accruals and sundry adjustments.

Table 8

Number of Health Practitioners and Population per Practitioner by Health Region(1),

1989/90.

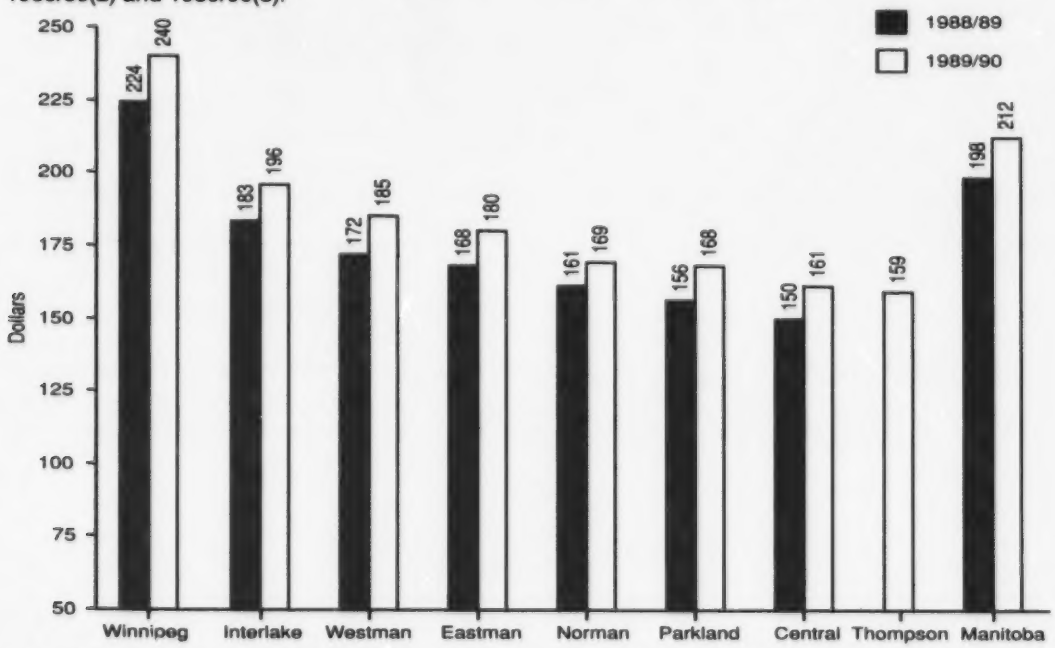
Health Region	Population (2)	Practitioners Receiving Payment in Excess of $40,000					
		Physicians		Chiropractors		Optometrists	
		Number	Population/ Physician	Number	Population/ Chiropractor	Number	Population/ Optometrist
Central	95,585	57	1,677	7	13,655	6	15,931
Eastman	86,773	41	2,116	4	21,693	3	28,924
Interlake	75,160	37	2,031	4	18,790	2	37,580
Norman	25,050	22	1,139	1	25,050	1	25,050
Parkland	48,087	37	1,300	3	16,029	3	16,029
Thompson	47,611	17	2,801	1	47,611	—	—
Westman	118,767	124	958	10	11,877	9	13,196
Winnipeg	632,777	1,071	591	66	9,588	44	14,381
Manitoba	**1,129,810**	**1,406**	**804**	**96**	**11,769**	**68**	**16,615**

(1) Regional boundaries revised effective April 1, 1989. See Introduction to Statistical Section.
(2) MHSC registered population as of June 1, 1989.

Figure 7

Medical Services per Capita Cost by Health Region (1),

1988/89(2) and 1989/90(3).



(1) Regional boundaries revised effective April 1, 1989. See Introduction to Statistical Section.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(3) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

Table 9

Medical Services and Costs by Diagnostic Category, 1989/90.

Diagnostic Category (1)	Number of Services	Costs ($)	Percentage Distribution	
			Services	Costs ($)
Infectious and Parasitic Diseases	309,031	4,377,217	2.2	1.8
Neoplasms	363,756	9,161,766	2.6	3.8
Endocrine, Nutritional, and Metabolic Diseases	496,451	6,892,409	3.5	2.9
Diseases of Blood and Blood Forming Organs	144,893	1,780,296	1.0	0.7
Mental Disorders	1,080,390	17,837,175	7.7	7.4
Diseases of the Nervous System and Sense Organs	1,002,494	20,696,035	7.2	8.6
Diseases of the Circulatory System	1,083,359	20,107,596	7.7	8.4
Diseases of the Respiratory System	1,386,110	21,960,622	9.9	9.2
Diseases of the Digestive System	549,005	15,313,782	3.9	6.4
Diseases of the Genitourinary System	866,826	17,398,820	6.2	7.3
Pregnancy, Childbirth, and the Puerperium	129,833	8,751,575	0.9	3.7
Diseases of the Skin and Subcutaneous Tissue	599,039	9,337,389	4.3	3.9
Diseases of the Musculoskeletal System	844,876	14,851,945	6.0	6.2
Congenital Anomalies	38,880	1,524,694	0.3	0.6
Conditions Originating in the Perinatal Period	28,518	477,691	0.2	0.2
Symptoms, Signs, and Ill-Defined Conditions	964,143	16,221,515	6.9	6.8
Injury and Poisoning	854,279	16,658,329	6.1	7.0
Factors Influencing Health Status (2)	2,085,331	25,570,694	14.9	10.7
Without Diagnosis	1,169,026	10,517,718	8.4	4.4
Total (3)	**13,996,240**	**239,437,268** (4)	**100.0**	**100.0**

(1) ICD-9-CM.

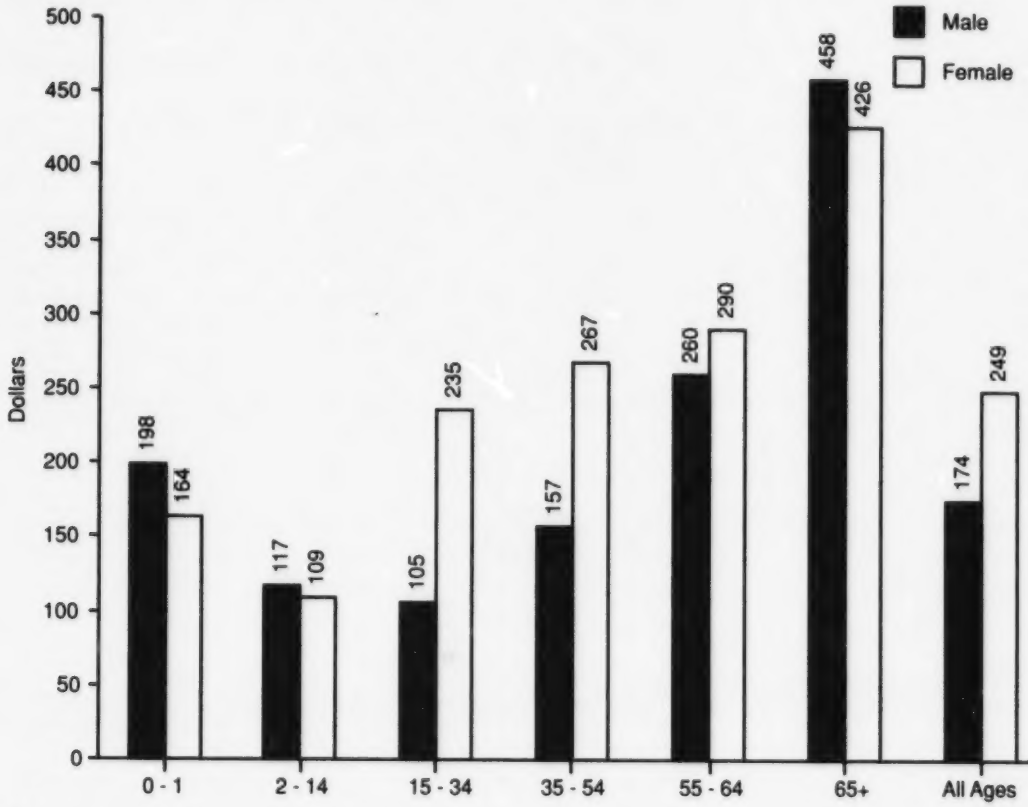
(2) Factors Influencing Health Status and Contact with Health Services, includes general medical examinations and special investigations.

(3) Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

(4) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

Figure 8

Medical Services per Capita Cost(1) by Age Group and Sex, 1989/90.



(1) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

Table 10

Medical and Other Health Services Average Cost per Patient by Type of Practice,

1985/86 to 1989/90.

Type of Practice	1985/86 $	1986/87 $	1987/88(1) $	1988/89(2) $	1989/90(3) $
Internal Medicine	63.60	64.79	68.96	71.67	73.75
Internal Medicine — Neurology	71.90	76.88	82.38	83.77	85.81
Paediatrics	50.52	53.39	55.87	57.52	61.09
Psychiatry	329.72	378.32	384.65	419.46	484.00
Surgery — General	127.54	134.03	143.47	147.67	158.83
— Thoracic & Cardiovascular	391.85	420.44	449.08	456.73	456.91
— Plastic	127.85	124.39	132.52	127.46	140.57
— Urological	137.75	141.14	148.16	154.49	159.85
— Orthopaedic	97.59	102.70	107.85	111.07	117.55
— Neurological	227.96	216.26	264.65	279.88	288.45
Ophthalmology	59.81	67.58	74.10	77.88	86.04
Otorhinolaryngology	67.11	70.51	72.46	75.65	79.38
Dermatology	46.54	50.44	51.22	53.16	58.31
Radiology	22.12	22.85	23.39	24.38	25.19
Pathology	33.11	41.54	41.29	39.33	41.11
Obstetrics and Gynaecology	97.96	100.48	104.88	108.27	115.05
Anaesthesia	99.80	109.39	118.79	125.27	135.71
General Practice — Urban	47.84	47.44	48.43	49.63	51.53
— Rural	53.69	58.24	61.21	60.89	63.12
— Emergency Medicine	24.13	28.38	29.50	31.60	33.12
Physical Medicine	107.48	116.08	132.14	135.65	127.86
Oral, Dental, and Periodontal Surgery	245.86	281.93	310.73	339.77(4)	351.51
Optometry	24.08	24.95	26.02(4)	25.64(4)	26.74
Chiropractic	50.56	49.83	52.34	54.71	55.72

(1) Average cost for medical services includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(2) Average cost for medical services includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(3) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(4) Includes retroactive payments made in 1989/90.

Table 11

Medical Costs and Percentage Distribution by Type of Service,

1988/89 and 1989/90.

Type of Service	1988/89		1989/90	
	Costs (2) $	Percent	Costs (3) $	Percent
Office Visits	93,748,919	42.1	101,827,150	42.5
Laboratory	25,176,775	11.3	27,016,268	11.3
Major Surgery	20,546,075	9.2	21,341,255	8.9
Other Diagnostic/Therapeutic Services	18,062,740	8.1	19,269,283	8.0
Consultations	16,709,977	7.5	18,036,002	7.5
Hospital Visits	10,283,595	4.6	10,888,411	4.5
Diagnostic Radiology	10,012,590	4.5	10,677,495	4.5
Anaesthesia	8,479,831	3.8	8,984,334	3.8
Obstetric Services	6,975,837	3.1	7,739,448	3.2
Special Visits	5,827,625	2.6	5,598,086	2.3
Minor Surgery	3,615,010	1.6	3,942,050	1.6
Surgical Assistance	1,828,876	0.8	2,421,026	1.0
Miscellaneous Services	1,552,457	0.7	1,696,460	0.7
Total (1)	**222,820,307**	**100.0**	**239,437,268**	**100.0**

(1) Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(3) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

Table 12A

Average and Median Payments ($40,000 Gross)(1) to Physicians by Specialty of Practice. Amounts represent gross payments by M.H.S.C. from which the physicians must pay overhead costs, 1988/89 and 1989/90.

Type of Practice	1988/89 (2) Number of Physicians	1988/89 (2) Average Payment $	1988/89 (2) Median Payment $	1989/90 (3) Number of Physicians	1989/90 (3) Average Payment $	1989/90 (3) Median Payment $
Internal Medicine	130	144,220	112,390	136	148,760	116,860
Internal Medicine — Neurology	14	158,680	144,290	16	143,410	146,670
Paediatrics	67	132,330	126,900	66	146,700	138,480
Psychiatry	97	131,160	114,920	100	149,500	135,640
Surgery — General	68	162,740	154,300	65	178,820	178,350
— Thoracic and Cardiovascular	12	218,020	191,630	12	227,820	229,800
— Plastic	9	224,860	216,330	10	232,740	222,490
— Urological	16	214,310	210,210	17	217,600	211,300
— Orthopaedic	29	174,140	174,680	31	176,890	183,010
— Neurological	5	159,860	168,110	5	157,550	147,970
Ophthalmology	30	202,170	174,520	27	240,400	217,230
Otorhinolaryngology	16	171,350	179,210	15	193,330	193,550
Dermatology	11	187,930	194,660	11	218,620	198,320
Radiology	45	212,470	— (5)	47	223,990	— (5)
Pathology	14 (7)	— (6)	— (6)	14 (7)	— (6)	— (6)
Obstetrics and Gynaecology	56	186,560	172,550	55	204,360	197,780
Anaesthesia	72	127,100	— (5)	75	131,330	— (5)
General Practice — Urban (4)	442	117,200	109,810	452	124,080	119,520
— Rural	243	141,520	137,610	239	148,420	148,960
— Emergency Medicine	9	77,970	76,210	7	105,000	113,700
Physical Medicine	6	96,270	94,030	6	104,200	99,380
All Physicians	**1,391**	**141,650**	**120,730**	**1,406**	**150,960**	**121,720**

NOTE: Specialty of Practice is according to Commission records as at March 31 each year.

(1) Includes payments issued directly to health practitioners, as well as payments to patients where the health practitioner has "opted-out" of the Plan. The Average Payments exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the Average Payment represents professional services only and includes salary and contract payments made through hospitals, representing 69.0% of professional income in 1989/90. The Average Payment for Physical Medicine, Anaesthesia, and Psychiatry also includes payments made by hospitals. For health practitioners (except Radiology, Physical Medicine, Psychiatry, and Anaesthesia), all other income from hospital contracts, uninsured services, non-residents, Worker's Compensation, etc. is excluded. Payments made for laboratory services to registered facilities are also excluded, as it is not possible to separate the technical and professional components.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(3) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(4) Includes Brandon and Winnipeg.

(5) Median is not calculated because some hospital payments are allocated to the specialty and not to the individual.

(6) Average and median are not calculated because it is not possible to separate the technical and professional components.

(7) Twelve are registered as pathologists; the remaining two are registered as internists, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

Table 12B (1)

Average and Median Payments (1/2 the Mean Threshold (2)) to Physicians by Specialty of Practice. Amounts represent gross payments by M.H.S.C. from which the physicians must pay overhead costs,

1988/89 and 1989/90.

Type of Practice	1988/89 Threshold	1988/89 Number of Physicians	1988/89 Average Payment $	1988/89 Median Payment $	1989/90 Threshold	1989/90 Number of Physicians	1989/90 Average Payment $	1989/90 Median Payment $
Internal Medicine	52,214	119	153,420	118,780	55,390	115	167,420	133,710
Internal Medicine — Neurology	64,089	13	166,050	146,200	57,002	14	156,770	152,080
Paediatrics	54,322 (2)	58	145,530	137,230	47,573	64	149,950	142,550
Psychiatry	59,608	90	137,080	121,750	69,982	94	155,650	140,340
Surgery — General	69,260	63	171,460	162,000	77,584	59	191,360	187,770
— Thoracic and Cardiovascular	94,673	12	218,020	191,630	106,266	11	241,440	232,950
— Plastic	93,113	8	245,900	219,860	116,367	9	247,820	229,960
— Urological	100,867	15	223,810	215,460	108,798	15	236,070	220,750
— Orthopaedic	70,357	29	174,140	174,680	77,228	29	185,040	186,060
— Neurological	79,931	5	159,860	168,110	78,775	5	157,550	147,970
Ophthalmology	94,790	21	259,600	257,730	109,684	20	295,000	293,770
Otorhinolaryngology	66,220	15	179,370	186,930	81,703	15	193,330	193,550
Dermatology	87,353	10	201,860	198,800	93,312	10	232,170	237,330
Radiology	—	45	212,470	—	—	47	223,990	—
Pathology	—	14	—	—	—	14	—	—
Obstetrics and Gynaecology	77,378	52	196,420	185,090	88,689	50	218,750	207,060
Anaesthesia	57,893	69	130,410	—	59,675	71	144,130	—
General Practice — Urban	54,322 (2)	405	123,600	117,760	58,448 (2)	405	132,760	125,180
— Rural	57,714	212	155,010	148,430	57,972	217	158,530	153,650
— Emergency Medicine	54,322 (2)	8	82,620	77,900	58,448 (2)	7	105,000	113,700
Physical Medicine	54,322 (2)	5	106,520	108,320	58,448 (2)	6	104,200	99,380
Physicians Exceeding Thresholds		**1,268**				**1,277**		
All Physicians (3)	**54,322**	**1,850**	**108,640**		**58,448**	**1,846**	**116,900**	

NOTE: Specialty of Practice is according to Commission records as at March 31 each year.

(1) The conditions stated in Table 12A also apply to Table 12B.

(2) Derived by computing the average income for all physicians within a bloc claiming at least one dollar through the fee-for-service arrangement in the fiscal year and dividing by two. If the threshold calculated for a specialty is less than 80% of the provincial threshold, the provincial threshold is substituted as the specialty threshold. 1/2 the mean threshold allows for differences in income levels between specialties and gives a more accurate picture of the average and median incomes of full-time physicians.

(3) All physicians excluding pathologists, receiving Commission payments.

Table 13

Average and Median Payments ($40,000 Gross) for Oral, Dental, and Periodontal Surgery, Optometry, and Chiropractic. Amounts represent gross payments by M.H.S.C. from which the practitioners must pay overhead costs,
1988/89 and 1989/90.

Type of Practice	1988/89			1989/90		
	Number of Practitioners	Average Payment $	Median Payment $	Number of Practitioners	Average Payment $	Median Payment $
Oral, Dental, and Periodontal Surgery	10	109,650(1)	108,490(1)	10	117,400	119,630
Optometry	63	79,560(1)	71,860(1)	68	83,020	74,610
Chiropractic	92	88,910	82,110	96	85,920	79,280

(1) Includes retroactive payments make in 1989/90.

Table 14

Medical and Other Health Practitioner Services and Costs,

1988/89 and 1989/90.

Type of Practice	Number of Services		Costs	
	1988/89	1989/90	1988/89 (1) $	1989/90 (2) $
Internal Medicine	895,791	909,814	19,922,243	21,103,228
Internal Medicine — Neurology	59,884	58,309	2,307,214	2,394,091
Paediatrics	561,960	579,117	9,579,867	10,516,037
Psychiatry	565,341	634,458	10,462,822	12,269,107
Surgery — General	245,248	240,015	11,182,549	11,801,477
— Thoracic and Cardiovascular	16,694	17,809	2,650,836	2,762,906
— Plastic	39,485	43,074	2,048,480	2,327,348
— Urological	58,120	62,439	3,429,491	3,699,324
— Orthopaedic	113,186	111,280	5,216,572	5,541,016
— Neurological	13,967	10,457	799,307	787,753
Ophthalmology	143,565	144,162	6,066,592	6,583,848
Otorhinolaryngology	83,637	86,156	2,788,426	2,947,977
Dermatology	132,863	137,934	2,096,468	2,284,487
Radiology (3)	647,248	660,554	10,478,393	11,218,289
Pathology	3,334,713	3,667,120	23,352,902	25,257,352
Obstetrics and Gynaecology	315,663	314,134	10,537,077	11,369,355
Anaesthesia	80,678	82,376	6,895,563	7,603,562
General Practice — Urban (4)	3,671,730	3,804,663	54,516,963	58,668,304
— Rural	2,383,787	2,363,423	37,288,332	38,978,544
— Emergency Medicine	31,872	33,301	702,586	771,481
Physical Medicine	39,379	35,645	497,624	551,782
Sub-Total In-Province Medical Services	**13,434,811**	**13,996,240**	**222,820,307**	**239,437,268**
Out-of-Province Doctors	169,295	183,494	4,270,956	4,714,458
Out-of-Province Agreement	6,673	6,559	124,641	117,923
Total Medical Services	**13,610,779**	**14,186,293**	**227,215,904**	**244,269,649**
Oral, Dental, and Periodontal Surgery	12,467	11,953	1,244,536	1,337,480 (5)
Optometry	230,690	241,735	5,490,994	6,111,036 (5)
Optometry Out-of-Province Agreement	121	161	2,927	4,120
Chiropractic	822,106	805,282	8,676,886	8,820,938
Chiropractic-Out-of-Province Agreement	936	791	10,254	8,673
Total Other Health Services	**1,066,320**	**1,059,922**	**15,425,597**	**16,282,247**
Grand Total Services	**14,677,099**	**15,246,215**	**242,641,501 (6)**	**260,551,896 (6)**

(1) Costs for medical services include a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(2) Costs for medical services include a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(3) Includes both technical and professional components of fee.

(4) Includes Brandon and Winnipeg.

(5) Includes retroactive payments for prior years' services.

(6) Figures include $2,507,187 for 1988/89 and $3,393,088 for 1989/90 which represent the value of services submitted by salaried practitioners.

Financial Summary of Operations for the Year Ended March 31, 1990

Hospital Services

The Commission provides for all reasonable costs incurred by Manitoba hospitals in providing insured services to Manitoba residents. There are 101 hospitals in Manitoba that receive payments from the Commission; 20 are federal hospitals, 18 of which are northern nursing stations; and 81 are public general hospitals. Budget submissions from the public general hospitals are reviewed each year and rates of payment to all hospitals are established by regulation of the Commission. Total expenditures for hospitals for the year ended March 31, 1990 amounted to $838,769,000. These expenditures, together with comparable figures for the previous year, are summarized as follows:

	1990	1989
	(thousands of dollars)	
Public General Hospitals	$ 790,060	$ 742,027
Community Health Centres and Clinics	14,864	12,769
Federal Hospitals	1,563	1,589
Contract Facilities and Red Cross Blood Transfusion Services	16,667	14,216
Hospitals Outside the Province	15,615	18,165
	$ 838,769	$ 788,766

During the year ended March 31, 1990 the average daily in-patient cost in a public general hospital in Manitoba was $444.19 compared to $412.68 for the previous year, an increase of 7.6%.

The increase for public general hospitals approximates $48.0 million. Of this increase, $37.9 million is due to increased salaries, supplies, and other costs, and $10.1 million is for new/renovated facilities and equipment.

Medical and Other Health Services

Medical costs incurred by residents of Manitoba are financed by the Commission in accordance with rates set out in the M.H.S.C. Schedule of Benefits or on the basis of special arrangements approved by the Commission. Costs of chiropractic and optometric services, dental and oral surgery, and specific prosthetic and orthotic devices and services are covered as established by regulations under The Health Services Insurance Act.

A summary of expenditures for medical and other health services for the year ended March 31, 1990, together with comparable figures for the previous year is as follows:

	1990	1989
	(thousands of dollars)	
Medical Services	$ 243,946	$ 225,632
Dental and Oral Surgery	1,336	1,245
Standing Committee on Medical Manpower	323	236
Salary and Other Payments to Physicians	2,472	2,122
Total Medical Services (1)	$ 248,077	$ 229,235
Optometric Services	5,968	5,475
Chiropractic Services	8,863	9,011
Prosthetic and Orthotic Devices	3,574	3,341
Total Other Health Services	18,405	17,827
Total Medical and Other Health Services	$ 266,482	$ 247,062

(1) The medical service expenditures have not been restated to reflect the impact of the overestimation of the liability for medical services claims as at March 31, 1988. The restated figures are shown in Note 7 to the Financial Statements.

Personal Care Home Services

The Commission provides for reasonable costs incurred by Manitoba personal care homes in providing insured personal care services to Manitoba residents. The program includes the supplying of prescription drugs as a benefit to insured residents in personal care homes. Insured residents were required to pay an average residential charge of $20.93 per day during the year ending March 31, 1990. Residential charges during the year were as follows:

April 1, 1989	—	$20.50
May 1, 1989	—	20.70
August 1, 1989	—	20.90
November 1, 1989	—	21.10
February 1, 1990	—	21.30

As at March 31, 1990 there were 8,351 beds included in the program (6,040 non-proprietary beds and 2,311 proprietary beds).

A summary of expenditures of the personal care home program for the year ended March 31, 1990 together with comparable figures for the previous year is as follows:

	1990	1989
	(thousands of dollars)	
Resident Services	$ 189,008	$ 181,426
Drug Costs	5,568	5,364
Adult Day Care	1,430	1,382
Therapy Services	1,737	1,561
	$ 197,743	$ 189,733

Program costs increased by $8.0 million. Increased salaries, supplies and other costs were $13.9 million and costs of new and renovated facilities were $1.7 million. These increased costs were offset in part by a $2.9 million increase in residential charges during the year and a non-recurring capital expenditure in 1988/89 of $4.7 million.

Pharmacare

Costs of the universal pharmacare program for the year ended March 31, 1990 amounted to $44,558,000 compared with $40,390,000 in the previous year. For the 1989 benefit year, this program covered 80% of the cost of eligible prescription drugs in excess of the deductible. The per family deductible was $88.50 where at least one member was 65 years of age and over, and $156.15 where all members of the family were under 65 years of age.

Ambulance Program

Under this program grants are made available for approved programs for capital costs of vehicles and communication equipment, for subsidizing operating costs and for training programs. The grants are made to municipalities on a per capita basis.

Direct grants to the ambulance services increased during the year by $.9 million, bringing the total for 1989/90 to $2.9 million. These grants are intended to reduce inequities in the per capita grant. In addition to the grants, the Commission provides funds for the training of ambulance personnel.

Total cost of the ambulance program for the year ended March 31, 1990 was $5,021,000 compared with $4,199,000 in the previous year.

Air Ambulance Program

The role of the air ambulance program is to provide a rapid long distance transport for acutely ill and injured Manitoba residents within the province on a 24-hour basis and the transport out of the province for medically required emergency services that are not available in Manitoba.

Expenditures for the year ended March 31, 1990 were $3,813,000 compared with $3,104,000 in the previous year.

Northern Patient Transportation Program

The purpose of this program is to finance (a) transportation costs for emergencies and urgent hospital-to-hospital transfers and (b) transportation costs for certain elective cases. These services are available to residents of Manitoba who are northern patients and require transportation for medical reasons from or within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg and
- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Costs of this program for the year ended March 31, 1990 amounted to $2,817,000 compared with $2,744,000 for the previous year.

Administrative Expenses

Administrative expenses of the Commission amounted to $19,502,000 for the year ended March 31, 1990 or 1.4% of the total expenditures, compared with $18,595,000 and 1.4% for the previous year.

Revenue

For the year ended March 31, 1990 the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund.

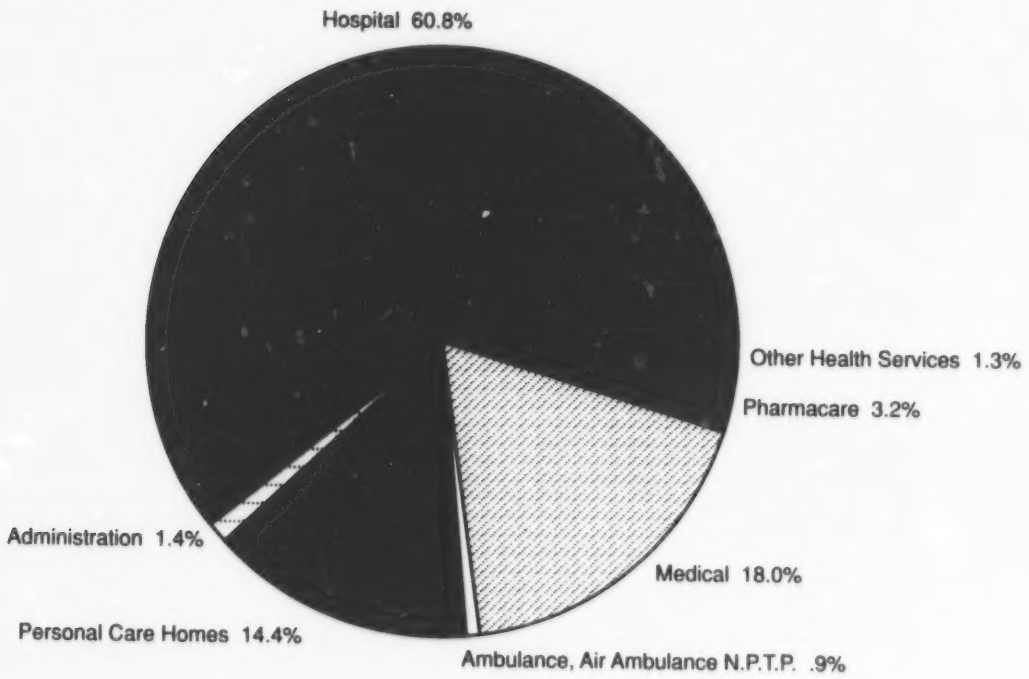
As in the previous year, federal contributions pursuant to the provisions of The Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977, were not received by the Commission but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The total of all revenues of the Commission for the year ended March 31, 1990 was $1,378,719,000 compared with $1,294,618,000 for the previous year.

Working Capital

The financial operations of the Commission for the year ended March 31, 1990 resulted in an excess of revenue over expenditure of $14,000 which resulted in a closing working capital account of $724,000.

Following is a chart showing the Manitoba Health Services Commission's expenditures for the year ended March 31, 1990.



Comparison of Actual Expenditures with Planned Expenditures For the Year Ended March 31, 1990

Planned expenditures for the year ended March 31, 1990, net of third party recoveries and miscellaneous income, were $1,400.1 million as compared with actual expenditures of $1,371.5 million, resulting in an underexpenditure of $28.6 million or 2.1% of total expenditures. The underexpenditure has been transferred back to the Provincial Consolidated Fund.

Expenditure Summary

For the year ended March 31, 1990
(With Comparative Figures for the Previous Fiscal Year)

Main Estimates 1989/90 $000	Appropriations #21-6 & #21-7 *	Actual 1989/90 $000			Actual 1988/89 $000	Increase (Decrease) $000	Explanation Number
		Operating	Capital	Total			
19,991	Administration	19,502		19,502	18,595	907	(1)
50,384	Pharmacare Program	44,558		44,558	40,390	4,168	(2)
5,416	Ambulance Program	5,021		5,021	4,199	822	(3)
3,838	Air Ambulance Program	2,643	1,170	3,813	3,104	709	(4)
2,984	Northern Patient Transportation Program	2,817		2,817	2,744	73	
852,495	Hospital Program	805,889	32,880	838,769	788,766	50,003	(5)
202,004	Personal Care Home Program	191,590	6,153	197,743	189,733	8,010	(6)
268,241	Medical Program	266,482		266,482	247,062	19,420	(7)
1,405,353	Gross Program Costs	1,338,502	40,203	1,378,705	1,294,593	84,112	
5,238	Less Recoveries	7,204		7,204	5,752	1,452	(8)
1,400,115	Net Program Costs	1,331,298	40,203	1,371,501	1,288,841	82,660	

*Operating and Expenditures Related to Capital

(1) The increase in Administration is due to the following factors:

	$ 000
(a) Salaries and employment benefits increased due to general salary increase and pay equity	$ 531
(b) Computer fees due to increased volume	245
(c) Increase in pension payments	87
(d) Other	44
	$ 907

(2) The increase in the Pharmacare Program is due to the following:

(a) Volume increase	$ 1,456
(b) Price increase	2,712
	$ 4,168

	$ 000
(3) The increase in the Ambulance Program is due to the following:	
(a) Price increase	$ 109
(b) Expansion of grants to Ambulance Services — net of prior year adjustment	611
(c) Expansion of training program	102
	$ 822
(4) The increase in the Air Ambulance Program is due to the following:	
(a) Engine overhaul	$ 372
(b) Annualization of On-line Medical Coverage implemented part way through 1988/89	84
(c) Price increase	148
(d) Out of Province air services volume increase	105
	$ 709
(5) The increase in the Hospital Program is due to the following:	
(a) New and/or expanding construction and equipment	$ 11,646
(b) Economic increase	40,907
(c) Reduction in out of province payments	(2,550)
	$ 50,003
(6) The increase in the Personal Care Home Program is due to the following:	
(a) New and/or expanding construction	$ 1,737
(b) Economic increase	13,909
(c) Increase in residential charges	(2,904)
(d) One-time capital expenditure in 1988/89	(4,732)
	$ 8,010
(7) The increase in the Medical Program is due to the following:	
(a) Volume increase	$ 5,772
(b) Price increase	10,530
(c) Understatement of 1988/89 expenditures (see Note 7 on financial statements)	3,118
	$ 19,420
(8) The increase in Recoveries is due to the following:	
(a) Extraordinary third party settlement	$ 1,081
(b) Price and volume	371
	$ 1,452

Management Report

Management is responsible to the members of the Commission Board for the integrity and objectivity of the financial statements of the Commission. The statements have been prepared in accordance with generally accepted accounting principles. The financial information presented elsewhere in this Annual Report is consistent with that contained in the financial statements.

The Commission maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. The Commission has also instituted policies and guidelines which require employees to maintain the highest of ethical standards.

The Provincial Auditor, whose report based upon an examination of the financial statements is enclosed, also reviews the Commission's system of internal control in accordance with generally accepted auditing standards for the purpose of expressing an opinion on the financial statements.

The members of the Commission Board have reviewed and approved these financial statements. To assist the Board in meeting its responsibility, it has appointed an Audit Committee, which meets with management and with the Provincial Auditor jointly and separately, to review audit, financial reporting and related matters.

On behalf of the management

Executive Director

Assistant Deputy Minister,
Finance and Administration

Manitoba

Manitoba Health Services Commission

Report of the Provincial Auditor's Office

We have examined the balance sheet of the Manitoba Health Services Commission as at March 31, 1990 and the statements of revenue and expenditure, working capital account and schedule of administrative expenses for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

Note 1(i) reflects that the Commission's unfunded pension liability as at December 31, 1989 was $19,212,700 (1988 — $16,992,500). Had this unfunded pension liability and the associated pension costs been recorded in the financial statements, the Commission's liabilities would have increased by $19,212,700 (1989 — $16,992,500), the funds available for future operations would have decreased by that amount, and the Commission's pension costs would have increased by $2,220,200 for the year ended March 31, 1990 (1989 — $2,053,000).

In our opinion, except for the failure to record the information referred to in the preceding paragraph, these financial statements present fairly the financial position of the Commission as at March 31, 1990 and the results of its operations for the year then ended in accordance with accounting principles as disclosed in note 1 applied on a basis consistent with that of the preceding year.

June 28, 1990
Winnipeg, Manitoba

F.H. Jackson, CA
Provincial Auditor

Statement A

Manitoba Health Services Commission

Balance Sheet

As at March 31, 1990
(With 1989 Figures for Comparison)

Assets	1990	1989
	(thousands of dollars)	
Cash on hand and in bank	$ 9,083	$ 6,191
Funds on deposit, Government of the Province of Manitoba	61,116	58,465
Accounts receivable:		
Government of the Province of Manitoba (Note 6)	1,318	625
Other Provinces and Territories	5,817	7,528
Other	1,002	637
	8,137	8,790
Land, buildings, furniture and equipment at nominal value of one dollar (Note 1)	—	—
	78,336	73,446
Funds held in trust re debenture trust agreements (per contra) (Note 2)	24,475	22,599
	$102,811	$ 96,045

Liabilities	1990	1989
	(thousands of dollars)	
Accounts payable and accrued charges:		
Hospital and personal care home services:		
Liability for unreported claims	$ 4,103	$ 4,909
Estimated adjustment payments under section 60(2) of The Health Services Insurance Act and other costs, net	32,736	29,846
	36,839	34,755
Medical services claims (Note 7)	25,072	25,105
Pharmacare claims	9,658	9,189
Ambulance grants	3,248	739
Air ambulance	58	86
Northern patient transportation claims	91	175
Other health services claims	1,808	1,866
General	838	821
	77,612	72,736
Working capital account, Statement C	724	710
	78,336	73,446
Funds held in trust re debenture trust agreements (per contra)	24,475	22,599
	$102,811	$ 96,045

The accompanying notes are an integral part of the financial statements.

APPROVED on behalf of the Board: W.K. Ziprick

W.K. Ziprick, C.A.
Chairman

Statement B

Manitoba Health Services Commission

Statement of Revenue and Expenditure

For the year ended March 31, 1990
(With 1989 Figures for Comparison)

	1990	1989
	(thousands of dollars)	
Revenue:		
Grants from the Government of the Province of Manitoba	$ 1,371,514	$ 1,288,866
Third party recoveries (Note 1)	6,861	5,534
Miscellaneous income	344	218
Total revenue	$ 1,378,719	$ 1,294,618
Expenditure:		
Hospital services:		
Hospitals within the Province	$ 823,154	$ 770,601
Hospitals outside the Province	15,615	18,165
	838,769	788,766
Medical services (Note 7)	248,077	229,235
Personal care home services	197,743	189,733
Pharmacare program	44,558	40,390
Ambulance program	5,021	4,199
Air ambulance program (Note 4)	3,813	3,104
Northern patient transportation program	2,817	2,744
Other health services (Note 5)	18,405	17,827
Administrative expenses, Schedule 1	19,502	18,595
Total expenditure	$ 1,378,705	$ 1,294,593
Revenue over expenditure, Statement C	$ 14	$ 25

The accompanying notes are an integral part of the financial statements.

Statement C

Manitoba Health Services Commission

Statement of Working Capital Account

For the year ended March 31, 1990
(With 1989 Figures for Comparison)

	1990	1989
	(thousands of dollars)	
Balance, beginning of year	$ 710	$ 685
Add, revenue over expenditure, Statement B	14	25
Balance, end of year, Statement A	$ 724	$ 710

The accompanying notes are an integral part of the financial statements.

Schedule 1

Manitoba Health Services Commission

Schedule of Administrative Expenses

For the year ended March 31, 1990
(With 1989 Figures for Comparison)

	1990	1989
	(thousands of dollars)	
Salaries and employee benefits	$ 12,974	$ 12,443
Office equipment	3,016	2,771
Professional services	664	641
Stationery and office supplies	549	612
Pension payments (Note 1)	509	422
Postage, express and delivery	440	436
Health and post-secondary education tax levy	291	283
Telephone	223	212
Travel	174	119
Grant in lieu of realty taxes	173	180
Maintenance of land, building and office equipment	168	182
Utilities	116	107
Bank charges	80	66
Miscellaneous	45	31
Building renovations	41	71
Commissioners' remuneration	39	19
	$ 19,502	$ 18,595

The accompanying notes are an integral part of the financial statements.

Manitoba Health Services Commission

Notes to the Financial Statements

March 31, 1990

Note 1. Significant Accounting Policies

The financial statements have been prepared on an accrual basis of accounting except for the following:

(i) Pension

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Commission contributes 50% of the pension disbursements made to retired employees. Such payments are charged to expense as incurred. A provision is not made in the accounts to fund current or past service obligations of the Commission to the Civil Service Superannuation Fund. On the basis of an actuarial report issued in January, 1988, the unfunded provision for the Commission's employees amounted to $19,212,700 as at December 31, 1989 ($16,992,500 as at December 31, 1988).

(ii) Third Party Recoveries

Third party recoveries are recorded on a cash basis.

(iii) Inventories

Purchases of supplies are charged to operating expenditures as incurred. The Commission does not record the value of supplies on hand as an asset.

(iv) Land, Buildings, Furniture and Equipment

Land, buildings, furniture and equipment are charged to operating expenditures in the year of acquisition. As at March 31, 1990, the Commission owns the following fixed assets:

1. Land and buildings of the Rehabilitation Centre for Children, Inc.
2. Land on which the building owned by the Manitoba Adolescent Treatment Centre Inc. is located.
3. Land and buildings of the Deer Lodge Centre Inc.
4. Land and buildings of the Rideau Park Personal Care Home Inc.
5. Land acquired for future development of a health care facility.
6. Diagnostic equipment located in the provincial laboratory and x-ray units throughout the Province.
7. Furniture and equipment located in the administration building.

The Commission is in the process of effecting the transfer of title to its administration building and land to Manitoba Properties Inc. The Commission retains its use of and control over these assets. During the fiscal period 1989/90, the Department of Government Services paid rent in the amount of $607,500 to Manitoba Properties Inc., for the land and administrative building utilized by the Commission. This expenditure is not reflected in the accounts of the Commission.

Note 2. Funds Held in Trust re Debenture Trust Agreements

At March 31, these funds were on deposit as follows:

	1990	1989
	(thousands of dollars)	
Bank	$ 21,153	$ 19,241
Government of the Province of Manitoba	3,322	3,358
	$ 24,475	$ 22,599

These funds relate to the debentures referred to in Note 3. The Commission receives these funds as grants from the Government of the Province of Manitoba and makes the required payments to trustees and the Government of the Province of Manitoba for debt servicing, including any required sinking fund payments.

Note 3. Capital Financing

Hospitals and personal care homes have obtained financing for capital projects by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority, which was established in 1972, approves the issue of all securities and assists in obtaining an orderly market for the sale of the securities to finance these capital expenditures. Although this indebtedness is not guaranteed by the Commission, funds required for the payment of principal and interest related to approved capital debt incurred for the construction and acquisition of capital assets for the provision of insured services are included in the Commission's expenditures. For the year ended March 31, 1990, the amount related to principal and interest payments included in the expenditures for hospital and personal care home services shown on Statement B was $84,072,000 ($82,759,000 for the year ended March 31, 1989).

As at March 31, 1990, the approved outstanding capital debt in Canadian dollars of hospitals and personal care homes was $462,548,000 ($429,327,000 as at March 31, 1989).

In addition to the approved outstanding capital debt, lines of credit up to $82,633,000 ($64,373,000 as at March 31, 1989) have been approved to finance capital projects in process. On completion of these projects, the borrowings will be converted to long-term debt.

Note 4. Lease Commitment

Effective November 1, 1985, the Commission entered into a lease purchase agreement for the acquisition of an aircraft for the air ambulance program. The interest rate for the lease is equal to the monthly bank prime rate.

Based on a 10% average monthly prime interest rate, the future lease payments for the period April 1, 1990 to October 31, 1990 will be $609,000.

Under the terms of the lease, the Commission has the option to purchase the aircraft on November 1, 1990 at a price of $1,217,000, or to continue to lease the aircraft for an additional 16 months at $81,000 per month.

Note 5. Other Health Services

This group of expenditures consists of:

	1990	1989
	(thousands of dollars)	
Optometric	$ 5,968	$ 5,475
Chiropractic	8,863	9,011
Prosthetic and Orthotic	3,574	3,341
	$ 18,405	$ 17,827

Note 6. Manitoba Children's Dental Program

Effective April 1, 1985, the Commission assumed responsibility for processing and payment of claims under the Manitoba Children's Dental Program. The Department of Health is responsible for the establishment of policy and for the administration of the program, and for providing the Commission with funds for the payment of approved claims.

For the year ended March 31, 1990, the Commission paid claims for approved services amounting to $1,537,000 ($1,350,000 for the year ended March 31, 1989). Of this amount, $1,177,000 ($982,000 for the year ended March 31, 1989), was recovered from the Department of Health during the year ended March 31, 1990. The balance of $360,000 is included in accounts receivable — Government of the Province of Manitoba as at March 31, 1990 ($368,000 as at March 31, 1989). These payments and recoveries have been excluded from the statement of revenue and expenditure.

The Commission's direct administrative costs for processing the payment of claims are not recovered from the Department. These costs amounted to approximately $154,000 for the year ended March 31, 1990 ($147,000 for the year ended March 31, 1989).

Note 7. Medical Services

Due to an overstatement of the medical services liability as at March 31, 1988, in the amount of $3,118,000, medical services expenditure for the year ended March 31, 1989 were understated by this amount. Had the medical services expenditure been restated in Statement B they would be as follows:

	1990	1989
	(thousands of dollars)	
Medical Services	$248,077	$232,353

Statutory Responsibilities of The Minister of Health

The Alcoholism Foundation Act
(1) The Ambulance Services Act
The Anatomy Act
(1) The Cancer Treatment and Research Foundation Act
(1) The Chiropractic Act
The Dental Association Act
The Dental Health Workers Act
The Dental Health Services Act
The Denturists Act
The Registered Dietitians Act
(1) The Elderly and Infirm Persons' Housing Act (with respect to personal care homes and infirm persons as defined in the Act)
The Department of Health Act
(1) The District Health and Social Services Act
The Manitoba Health Research Council Act
The Health Sciences Centre Act
(1) The Health Services Act
(1) The Health Services Insurance Act
The Hearing Aid Act
(1) The Hospitals Act
The Human Tissue Act
(1) The Medical Act
(1) The Manitoba Medical Association Fees Act
The Mental Health Act (except Parts II, III & IV)
The Narcotic Drug Addicts Act
(1) The Occupational Therapists Act
(1) The Ophthalmic Dispensers Act
(1) The Optometry Act
The Licensed Practical Nurses Act
(1) The Pharmaceutical Act
The Psychologists Registration Act
(1) The Physiotherapists Act
(1) The Prescription Drugs Cost Assistance Act
(1) The Private Hospitals Act
The Registered Psychiatric Nurses Act
Public Health Act*
The Registered Nurses Act
(1) The Registered Respiratory Technologists Act
(1) The Sanatorium Board of Manitoba Act
The Tuberculosis Control Act

**Excluding the responsibility for Manitoba Revised Regulation P 210 — R 5, Division IV pursuant to Public Health Act, which is assigned to the Minister of Cooperative, Consumer and Corporate Affairs.*

(1) These statutes, in whole or in part, are administered by the Manitoba Health Services Commission.